DOCUMENT RESUME

ED 474 698 PS 031 145

AUTHOR	Whitehead, Judith, Ed.
TITLE	Research Connections Canada: Supporting Children and Families, Number 5.
INSTITUTION	Canadian Child Care Federation, Ottawa (Ontario).
SPONS AGENCY	Human Resources Development Canada, Ottawa (Ontario).
ISSN	ISSN-1488-1160
PUB DATE	2000-00-00
NOTE	162p.; Additional support from Child Care Visions. For other issues in series, see PS 031 141-149.
AVAILABLE FROM	Canadian Child Care Federation, 383 Parkdale, Suite 201, Ottawa (Ontario) K1Y 4R4, Canada. Tel: 800-858-1412 (Toll Free); Tel: 613-729-5289; Fax: 613-729-3159; e-mail: orders@cccf-fcsge.ca; Web site: http://www.cccf-fcsge.ca.
PUB TYPE	Information Analyses (070)
EDRS PRICE	EDRS Price MF01 Plus Postage. PC Not Available from EDRS
DESCRIPTORS	*Child Care; *Child Care Centers; *Child Care Effects; Early Experience; Family (Sociological Unit); *Family Child Care; Federal Legislation; Financial Support; Individual Development; Infants; Standards; Toddlers
IDENTIFIERS	Canada

ABSTRACT

Serving as a vehicle for raising the profile of and thereby gaining recognition for the important research and development work being conducted in Canada in support of children and families, the "Research Connections Canada" series compiles research and/or development papers as well as background papers, analytical literature reviews, and essays. This issue of the series focuses on various issues affecting child care in Canada. The single paper reviews research on: (1) the changing Canadian family; (2) the importance of early experience for infants and toddlers; (3) child care and children's development; (4) promoting quality in child care; (5) funding child care; and (6) targeted versus universal child care. Four appendices include an overview of Canadian center child care requirements by jurisdiction, 1999; overview of family child care requirements by jurisdiction, 1999; the Social Union Framework Agreement; and summaries of selected research on child care in Canada (Marilynn Kuhn). (Contains 161 references.) (HTH)

Reproductions supplied by EDRS are the best that can be made
from the original document.

ED 474 698

5

Research Connections

CANADA

Supporting Children and Families

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☒ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.

- Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

PERMISSION TO REPRODUCE AND DISSEMINATE THIS MATERIAL IN MICROFICHE, AND IN ELECTRONIC MEDIA FOR ERIC COLLECTION SUBSCRIBERS ONLY, HAS BEEN GRANTED BY
Gaetane Huot
TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
2A

PS 031145

BEST COPY AVAILABLE

5

▼

Research Connections

CANADA

Supporting
Children and Families

Research Connections Canada features research and development projects in support of children and families.

Published by the Canadian Child Care Federation with financial support from Human Resources Development Canada, Child Care Visions.

©2000

ISSN 1488-1160

Published by the Canadian Child Care Federation

Project Manager	Anne Maxwell, Director of Information Services
Editor	Judith Whitehead
Design/Layout	Fairmont House Design
Printing	M.O.M. Printing

Research Connections Canada: Supporting Children and Families

Research Connections Canada is a bilingual publication series published by the Canadian Child Care Federation and funded by Child Care Visions, Human Resources Development Canada. The series is an anthology of current Canadian early childhood research and development papers.

This professional publication serves as a vehicle for raising the profile of and thereby gaining recognition for the important research and development work which is being conducted currently in Canada, including that being done under Child Care Visions, Human Resources Development Canada.

Research Connections Canada includes research and/or development papers as well as background papers, analytical literature reviews and essays. This publication *series is of particular interest to training programs (at both college and university levels), academics, researchers, policy makers and licensing and regulatory agencies.*

Research Connections Canada is guided by an editorial committee. However, the papers represent the opinions of the authors and should not be considered as reflecting the opinions of the Editorial Committee, the publisher or the funder. Papers are presented essentially as submitted by the authors; there is no substantive edit or fact-checking. There is currently no peer-review process.

One copy of each issue of the series is distributed free of charge to an identified distribution network including: libraries in colleges and universities that offer training in early childhood care and education; government child care departments; national organizations in the health and social services sector; and provincial/territorial organizations with a focus on early childhood.

Table of Contents

Issues in Canadian Child Care: What Does the Research Tell Us? 5
by Gillian Doherty

Part 1: The Changing Canadian Family 7

Part 2: The Importance of Early Experience 21

Part 3: Child Care and Children's Development 37

Part 4: Promoting Quality 45

Part 5: Funding Child Care 65

Part 6: Targeted Versus Universal Child Care 75

References 85

Appendix A: Overview of Centre Child Care Requirements by Jurisdiction, 1999 93

Appendix B: Overview of Family Child Care Requirements by Jurisdiction, 1999 97

Appendix C: The Social Union Framework Agreement 101

Appendix D: Summaries of Selected Research on Child Care in Canada 107
by Marilynn Kuhn

Issues in Canadian Child Care: What Does the Research Tell Us?

by Gillian Doherty

Gillian Doherty is a child care consultant and an adjunct professor in the Department of Family Relations and Applied Nutrition, University of Guelph.

Abstract

Doherty addresses six current issues in the child care field: the changing Canadian family; the importance of early experience; child care and children's development; promoting quality; funding child care; and targeted versus universal child care. Current research pertaining to each issue is described, as are trends and implications for the early childhood care and education field.

Overview

The material in this document was originally written as background reading for participants in the Canadian Child Care Federation's leadership institutes. These institutes are intended, in part, to assist people to develop their skills in using information from research and other sources to support a position. The document addresses six current issues in the child care field. In each section, an issue is identified, information from research and other sources about the issue is provided, and some of the implications for the field are identified. The issues are:

1. The changing Canadian family: Over the past 20 years, there has been a substantial increase in the number of mothers of young children working outside the home, lone-parent families, children living in poverty and cultural diversity. What are the implications of these trends?

2. The importance of early experience: Three streams of research, through their common findings, support the importance of children's experiences in their early years. The three streams are: observational studies conducted in both natural and experimental situations; long-term follow-up studies of children who participated in compensatory preschool programs; and research on how the human brain develops and operates. What facts do we have from these three streams of research?

3. Child care and children's development: What does the research tell us about the effect of child care on children's development and why does quality matter?

4. Promoting quality: What is needed to promote child care quality and to what extent do these conditions exist in Canada? This section includes a discussion about the infrastructure required to enable and support quality.

5. Funding child care: How effective are the current methods that governments use to fund child care? Can Canada afford to make a substantial commitment of public money to fund child care?

6. Targeted versus universal child care: Recent federal-provincial/territorial agreements provide the mechanisms for federal funding of social programs, such as child care, and the development of the Canada-wide goals and objectives that are necessary for a national program. However, the trend in recent years has been toward targeting programs to specific groups. If this happens to any new government funds for child care, we will again miss an opportunity to develop a system that is affordable and available for all parents who wish to use child care.

These are some of the important issues currently facing the child care field. Other issues include determining the most appropriate approach for training family child care providers and the issue of "professionalism" as it pertains to child care. Appendix D provides an annotated bibliography of documents that discuss some of these other issues.

PART 1

The Changing Canadian Family

Issue

Profound changes have taken place in Canadian families over the past 30 years. Gone is the traditional two-parent family able to live comfortably on father's salary while mother stays at home to care for the couple's three or four children. Now, many mothers from two-parent as well as one-parent families are involved in paid employment. The pattern of immigration has also changed. Immigrants are no longer primarily from Britain and northern Europe. Many children in child care now have a home culture that is quite different from that of the person providing care. What are the implications of these changes?

Trends

Increasing Numbers of Mothers of Young Children Work Outside the Home

The Rate of Participation in Paid Employment

Between 1975 and 1997, the percentage of all mothers whose youngest child was under age 3 and who participated in the paid workforce doubled—from 31.2% to 64.1%. For mothers whose youngest child was between the ages of 3 and 5, the increase was from 40.0% to 68.8% during the same time period.[1] In 1997, once their youngest child reached age 6, 71.0% of all mothers had paid jobs.[2]

Reasons for Mothers Engaging in the Paid Workforce

For many mothers, involvement in the paid workforce is essential to provide food, shelter and clothing for their children. In 1994–95, 15.7% of children aged 0 to 11 lived in a lone-parent family, usually with their mother (14.5% of children).[3] The National Longitudinal Survey of Children and Youth (NLSCY), which is following more than 15,000 children, found that after the separation of their parents, about a third of children have no or only irregular visits with their fathers. Fathers who have low levels of contact with their children are less likely to pay child support, leaving the mother as the sole source of family income.[4]

In some two-parent situations, neither parent's wage is sufficient by itself to maintain the family above the poverty level. Therefore, both parents must work. In 1996, 10.5% of two-parent families with children were poor. If both parents had not been working, the poverty rate for two-parent families with children would have been 21.4%, that is, more than double.[5] In other two-parent families, the second income is needed to provide the children with developmental opportunities such as involvement in organized sport. In 1994, the woman's earnings accounted for between one quarter and one half of the family income in 46% of two-parent families and for between one half and three quarters of family revenue in an additional 17% of such families.[6]

Even when two incomes in a family are not currently crucial, the second income provides back-up security for the family. The Canadian labour market has been moving through a period of profound transition characterized by high unemployment rates in some parts of the country and job insecurity. In 1994, a third of families where the oldest spouse was between 25 and 44 years of age had one of the partners unemployed but wanting to work at some point during the year.[7] The consequences of unemployment can be very serious, especially since eligibility for Employment Insurance benefits has been tightened and benefit levels reduced. Of those families experiencing unemployment in 1994, 41% were home owners with a monthly mortgage and 34% were renters committed to the terms of their lease. If one partner loses his or her job, the second income may become all that enables the family to meet its financial obligations.[8]

Mothers also work in order to maintain their employability and/or their personal long-term financial security. Workplace knowledge and technology is expanding at an ever-increasing rate. The longer a woman is out of the paid workforce, the greater the likelihood that her skills and knowledge will become obsolete. This decreases her chances of getting a good job. An extended leave from the paid workforce also results in loss of income and may reduce the size of the individual's Canada Pension Plan/Quebec Pension Plan (CPP/QPP) upon retirement.[9]

Increasingly Work Hours Are Other Than Nine to Five, Monday to Friday

In 1995, only 32.9% of workers in Canada had a "standard" work arrangement; that is, one that was full time with the same employer, nine to five, Monday to Friday. The others were engaged in one or more part-time jobs, rotating shift work, home-based work for their employer, flexible hours, a compressed work week or self-employment.[10] A large proportion of working women, 40%, are engaged in some form of non-standard work.[11] Overall, part-time work is the most prevalent form of non-standard work, accounting for about 60% of such employment.[12] However, many women work shifts, especially saleswomen and women working in hospitals or other health care facilities. In 1995, women accounted for 46% of shift workers.[13]

Early Return to Work After Giving Birth

Not only are increasingly large numbers of women with young children working, just over half (52%) return to work within six months of giving birth. Among employed women who gave birth in 1993 or 1994, 21% were back to work in less than two months, 12% returned after five months, and an additional 19% returned after six months. Within a year of giving birth, 86% of mothers had returned to work.[14] A major reason for such rapid return to work appears to be loss of income. Women who did not receive maternity benefits and those who were self-employed returned more quickly than those receiving benefits or on salary. However, women may also return to work quickly due to concern about keeping their work skills current and maintaining their seniority in the workplace.

Increasing Marital Breakdown Among Parents

Rate of Marital Breakdown Among Parents

"About one in six Canadian children experiences the separation or divorce of their parents—a proportion that has tripled in the last 20 years."[15] In 1994–95, the NLSCY found that 15.7% of children under age 11 were living in lone-parent families.[16] For many children, family breakdown occurs early in their lives. Nearly a quarter of the children born into two-parent families in 1987 or 1988 (22.6%) had experienced the separation of their parents by age 6.[17] While many parents form new relationships, resulting in the development of a new family unit, children whose parents have separated are members of a lone-parent family for at least some period of time.

Lone-parent Children and Developmental Risk

Data from the NLSCY indicate that children in lone-parent families are at greater risk than children in the population as a whole for poor developmental outcomes. Overall, lone-parent children between 2 and 11 years of age are more likely to have their general health rated as poor, fair or good rather than very good or excellent. Two- and 3-year-olds from lone-parent families are more likely than other children to experience separation anxiety, to be hyperactive, and to exhibit emotional or physically aggressive behaviour. However, lone-parent children of this age are just as likely as children in general to show prosocial behaviours. Differences between lone-parent children and children from two-parent families become greater when children are 4 and 5 years old. At this age, children from lone-parent families are more likely to be hyperactive, to exhibit problem behaviours, and to be anxious. They tend to have more difficulty than other children in getting along with their parents and with peers. In addition, on average, they obtain lower scores on a standard measure of language and cognitive skills. Thus, as a group, lone-parent preschool children are less ready for school entry.[18]

The comparison of lone-parent children and other children between 6 and 11 years of age provides a similar picture. The lone-parent children tend to have more problems getting along with their parents, other children and their teachers. They are twice as likely to repeat a grade, to get into trouble at school because of their behaviour, and to do more poorly in mathematics.[19] While lone-parent children tend to have poorer outcomes than children in general, it is very important to recognize that lone-parent children are not all or equally "at risk." In fact, "the clear majority grow up healthy."[20]

Poverty and Stress in Lone-parent Families

What circumstances are associated with lone parenthood that may have a negative effect on children's well-being and development? Lone-parent families, especially those headed by women, are more likely to be poor than two-parent families. The average income of a single-mother family in the NLSCY was less than half (38.9%) that of a two-parent family.[21] Close to two thirds of lone-parent children under age 11 live at or below Statistics Canada's low-income cut-off (this term is defined in the following paragraph). Only 16.4% of children from two-parent families lived at or below this level.[22] As discussed in the following section, poverty itself has a negative effect on children's well-being and development. Secondly, the lone parent usually does not have a second adult living in the home to provide support and assist in child rearing. Often, the lone parent also lacks relatives living nearby. Lack of social support contributes to stress which, in turn, may increase the likelihood of punitive or harsh parenting. Data from the NLSCY indicate that hostile parenting significantly increases the vulnerability of lone-parent children to a variety of problems.[23] Children in families where the lone parent reported the availability of social support from other family members, neighbours or the community were much less likely to have problems.[24]

Increasing Numbers of Children Living in Poverty

The Rate of Child Poverty

Poverty is a social measure and, as generally used in Canada, refers to people who are substantially worse off than average. Statistics Canada identifies poverty through low-income cut-offs (LICOs) that establish the income level at which a family spends more than 55% of its income on the basics of food, shelter and clothing. Between 1989 and 1997, the proportion of children living in poverty increased from 14.5% to 19.8%. The rate of child poverty hit its peak in 1993 and has been slowly decreasing along with the decreasing national unemployment rate. However, the difference between the LICO and average annual income of a family in poverty continues to increase. In 1999, the average poor family had an income $8,265 less than the LICO.[25]

Effects of Child Poverty

Over the long term, child poverty endangers a child's opportunity to develop into a healthy, self-reliant adult. Income limitations make it harder for parents to provide good nutrition, a safe place to live, and to stimulate children's development. Children living in poverty are more likely to have low birth weight than other children. Low birth weight babies have a substantially greater risk of neuro-developmental problems and are more than twice as likely to be assessed as developmentally delayed.[26] The NLSCY found that 25% of preschool-aged children from families with an annual income of less than $30,000 had a developmental delay in language and cognitive skills in comparison to 16% from families with an annual income between $30,000 and $60,000.[27]

The continual struggle to make ends meet may deplete parents' emotional reserves and lead to feelings of helplessness and depression. Among the children in low-income families surveyed by the NLSCY, 17.5% lived with a parent who showed many symptoms of depression. In comparison, 8.3% of children living in middle-income households had a depressive parent.[28] The study found a strong association between living with a depressed parent and child vulnerability to a variety of problems, such as hyperactivity and difficulty getting along with others.[29] Being depressed also makes it harder for parents to do things such as talk with their children or read to them.

The NLSCY also found that poor children do not do as well in school as non-poor children. The rate of repeating a grade for children between age 6 and 11 was three times higher for children in families whose income was at the lowest 25% than for other children.[30] According to Statistics Canada, in 1993 the school drop-out rate was 8% for poor children in comparison to 5% for non-poor children.[31]

Declining Birth Rate

Canada's Birth Rate

Canada's birth rate dropped below what is required to replace the population (2.0 per woman) in the late 1970s and has remained well below replacement level ever since.[32] In 1997, the birth rate was 1.5 per woman.[33] Since women are now starting to have children at a later age, the birth rate is not expected to increase in the near future.

Implications of a Low Birth Rate

For the individual child, the declining birth rate means fewer siblings, if any. As a result, young children are more dependent on group experiences outside the home for opportunities to learn peer social skills. For the country, a decline in birth rate, especially with elderly people now living longer, results in an ever-increasing proportion of children and retirees relative to the size of the working age population. Thus, proportionately fewer workers pay the taxes that support schools, old-age pensions and other services for people who are not in the labour force. As it has historically, Canada is looking to immigrants to expand the workforce and address this imbalance.

Increased Immigration and Changes in the Sources of Immigrants

Between 1991 and 1996, the proportion of immigrants admitted into Canada increased by 14.5%, slightly more than three times the 4% growth of the Canadian-born population.[34] Over the past 30 years, there has been both an increase in the number of immigrants and a change in the pattern of countries in which they were born (see Table 1). The majority of immigrants now are members of visible minority groups. Overall, 11.2% of the total population (immigrants and Canadian-born) identified itself on the 1996 Census as being a member of a visible minority.[35]

TABLE 1

IMMIGRANT POPULATION BY PLACE OF BIRTH, IN TWO DIFFERENT TIME PERIODS

Place of birth	Proportion of Those Who Immigrated Between 1961 and 1970	Proportion of Those Who Immigrated Between 1991 and 1996
Total Immigrant Population	788,580	1,038,990
United Kingdom or United States	27.7%	5.2%
Europe	47.6%	16.6%
Asia and Middle East	12.3%	57.1%
Caribbean and Bermuda	5.7%	5.5%
Africa	3.3%	7.3%
Central and South America	2.2%	7.4%
Other	1.2%	0.9%
Totals	100%	100%

Source: Statistics Canada, 1996 Nation tables

Immigrant children and their families have to contend with uprooting, separation from the social support that may be provided by families and friends, the need to adapt to different ways of doing things and often the need to learn a new language. Immigrants who do not speak English or French fluently may find it difficult to obtain a job. Others who are proficient in one of the official languages often encounter obstacles in having their professional training or past work experience accepted in Canada. During the first 10 years or so in Canada, most immigrant families tend to be poor, although eventually their incomes do climb. In 1996, nearly a third (30.7%) of immigrant families lived in poverty.[36]

While many of the above issues associated with getting settled are shared by all immigrants, it is important to recognize that the immigrant population is extremely diverse. The reasons for coming to Canada may be economic or the family may be refugees fleeing war or persecution. There is diversity in language, cultural practices and educational experiences. Finally, there is diversity in the degree of acceptance afforded to the immigrant by the larger society (e.g. the difference in acceptance experienced by white and by visible minority immigrants).

Nearly three quarters of immigrants settle in the greater Toronto area, Vancouver, Montreal, Ottawa/Hull or Edmonton (in that order).[37] However, new Canadians settle everywhere. In 1996, 11,695 people in Nova Scotia reported their home language as being neither English nor French.[38]

What Does the Research Tell Us?

Maternal Employment Not Detrimental to Young Children's Well-being and Development

Inevitably, the more parental time that is spent in employment, the less there is to spend with the children. Does maternal employment have a negative effect on children's development? Should one parent or the lone parent stay at home with a preschooler?

A number of U.S. research studies have examined the effect of maternal employment on young children. The sample sizes, the ages of the children and the general methodological approach varies across these studies and conflicting results are reported. These results range from findings of an overall positive effect, through findings of no apparent effect from maternal employment, to findings of negative effects on cognitive skills. Nevertheless, a recent review concluded that, overall, the studies suggest that maternal employment in itself is not harmful for young children's development.[39]

The NLSCY assessed the cognitive skills of 2,840 4- and 5-year-olds using the Peabody Picture Vocabulary Test (PPVT), and social adjustment and problematic behaviour in 12,329 children aged 4 to 11 years using a parent-response questionnaire. The researchers then explored the effect on the assessment scores of: a) whether or not the mother worked in a paid job, b) the hours per week of maternal employment, c) parental educational level, a factor known to influence language development, d) family income, e) whether the family received social assistance, and f) membership in a lone-parent family. Statistical procedures were used to control for the effect of other variables such as one or both parents being immigrants and therefore perhaps not fluent in either English or French. The parents were also asked questions about the types of activities they engage in with their children and the average amount of time for each in a week.

The NLSCY found that on average 4- and 5-year-olds whose mothers were engaged in the paid workforce did as well on the measure of cognitive skills as children whose mothers were not employed. Maternal full-time work, but not part-time work, was associated with slightly higher scores on indicators of three out of five types of negative behaviour. However, family characteristics, such as receiving social assistance or lone-parent status, had a much stronger effect than mother's employment in predicting the likelihood of problem behaviour. Furthermore, children of mothers working full time actually scored slightly better on a measure of prosocial behaviour than children whose mothers did not work. The most important predictors of both cognitive skills and behavioural scores were the types and amount of interaction between mothers and their children. The frequency with which the mother read to the young child was a particularly strong predictor of the child's score on the cognitive skills test.[40] Perhaps unexpectedly, given the differences in the amount of time the mother is at home with her children, mothers employed full time reported reading to their children as often as mothers working part time or not engaged in paid work.[41]

In addition to indicating that maternal employment itself does not represent a hazard to children's development, the above study underlined the importance of the amount and type of interaction between adult and child and of reading to young children. A second analysis of NLSCY data focussed on 2- and 3-year-olds, regardless of the mother's employment status. It found that children whose mothers reported reading to them daily were 1.6 times as likely to be ranked by their kindergarten teachers as close to the top of the class in learning skills and 2.3 times as likely to be near the top of the class in communication skills compared to children who were read to less often.[42]

Substantial Need for Supplementary Care While Parents Work

Young children need to be provided with care during the time the lone parent or both parents are away from home. Traditionally, such non-parental care was often provided by a grandmother. However, grandmothers now frequently live in another community or are engaged in the paid workforce themselves. In 1994-95, in Canada nearly 1.1 million children under the age of 12 whose parents were working or studying were being cared for in some form of non-relative, paid child care arrangement. This care was provided in unregulated settings for nearly two thirds of these children (61.7% of children age 0–5 and 61.6% of children age 6–11).[43] Being in unregulated child care means being in a situation that does not have to meet even basic health and safety standards and is not monitored by any outside person. In contrast, regulated centres and child care homes have to meet basic health and safety standards and are regularly monitored. Most provinces have early childhood care and education (ECCE) training requirements for centre staff and four jurisdictions have ECCE training requirements for regulated family child care providers (see Appendices A and B). Canadian research has found higher quality to be associated with practitioners who have training in early childhood development and/or care in both centres[44] and family child care homes.[45]

Regulated Child Care Not Accessible for Many Parents

The availability of regulated child care varies considerably across the provinces and territories and within each jurisdiction. Regulated child care is available for fewer than 8% of children aged 0 to 11 in Newfoundland, New Brunswick, Nova Scotia, Ontario and Saskatchewan. There was an actual decrease in the number of regulated spaces between 1990 and 1995 in Alberta, Manitoba, Newfoundland, Nova Scotia and Prince Edward Island.[46] The shortage of regulated care for infants and toddlers, the most vulnerable age groups, is of particular concern. Human Resources Development Canada reported that in 1996 (the most recent year for which information is available), on a Canada-wide basis, there were regulated spaces for only 11% of infants and 14% of toddlers whose mothers were in the paid workforce.[47] Parents living in small rural communities may have greater difficulty obtaining regulated care for a child of any age than a parent living in an urban area.

The cost of regulated child care is a major barrier. According to Statistics Canada, the average family spends 12% of its income on food, 18% on shelter, 5% on clothing, 12% on transportation, 7% on household maintenance, 9% on health and dental care, personal care and recreation, and 21% on personal taxes. This comes to a total of 84% of the family income.[48] At the current cost of centre care in Canada, an average-income family with two preschool children would have to spend about 23% of its gross annual income for regulated child care.[49] Clearly, this is not possible unless the family obtains a government fee subsidy. However, in most jurisdictions an average-income family would not be eligible for this assistance. In some provinces, there is a ceiling on the fee subsidy budget with the result that even families that do qualify for subsidy may not be able to obtain it. The result of these realities is that many families have no choice but to use unregulated care.

Need for Child Care Outside Traditional Business Hours

Increasingly, work hours in Canada are other than nine to five, Monday to Friday.[50] However, a Canada-wide survey conducted in 1998 found that 98.7% of child care centres operated only Monday to Friday. Typically, these centres opened between 7:30 and 8:00 a.m. and 92.0% of them closed by 6:00 p.m. Less than 1% (0.8%) of the centres were open after 7:00 p.m.[51]

The argument is sometimes made that the best way to provide evening, overnight and/or weekend care is through family child care homes. However, in a recent survey 52 of 55 Canadian family child care agencies reported difficulty finding providers to work in the evenings or on weekends. This may be due to "the infringement of extended care on the provider's home life."[52] An agency that was currently providing extended hours care noted that "within about a year the providers become fatigued and then cut back to Monday-to-Friday daytime hours."[53] A provider who is willing to work other than regular daytime hours may have to care for children during the day as well as the evening or weekend in order to make a living. Thus, fatigue and burnout are not surprising.

Providing extended hours care through centres addresses the provider burnout issue. Instead of a single provider working both during the day and in the evening, centres can have two different shifts of staff. However, many centres that have attempted to provide evening care have found it impossible to continue for the reasons discussed below.

The provision of extended care in centres is costly. There is usually an overlap of daytime and evening children between about 3:00 and 6:00 p.m., thus requiring additional staff in order to maintain ratios, and also requiring additional space. The addition of extended care contributes to a substantial increase in administration costs (e.g. time spent scheduling children and staff). It may also require beds and additional bedding and installation of a security system to control access to the building after dark. Sometimes the provision of extended care increases insurance costs.[54] Centres also report difficulty in keeping their extended care spaces filled. Parents needing evening care often work rotating day/evening shifts. Thus, the need for evening care fluctuates. As a result, there may be occasions when there are empty spaces (for which there is no revenue) while staffing and occupancy costs continue to be the same. In a recent survey, all directors of extended hours programs reported that their daytime program subsidized their evening or overnight program.[55] Programs that are primarily or totally dependent on parent fees (including fee subsidies) cannot survive. There is a better chance of survival if a sponsor, such as an employer or union, provides additional monies. However, this funding must continue indefinitely for programs to continue offering other than Monday-to-Friday, standard daytime hours care.[56]

Failure to Capitalize on Child Care's Potential to Support Lone Parents

Lone parenthood substantially decreases the likelihood of the parent having another adult who can share parenting responsibilities. This increases the stress on the parent. Stress is further increased when the parent needs or wants to work and has difficulty obtaining affordable, reliable child care that she trusts. Such situations are not uncommon among lone parents. Not only do they have less income than two-parent families for the purchase of child care, they also have less access to child care provided by a relative.

The availability of affordable, quality child care has the potential to reduce stress in a variety of ways. First, it enables the parent to go to work feeling comfortable that her child will be well cared for. Child care can also provide the parent with another adult who knows and is concerned about the child and can provide advice or act as a sounding board. Unfortunately, this potential is often not realized. One study of centres found that the majority of exchanges between staff and parents lasted for less than one minute. In 43% of drop-off and pick-up situations, there was no communication.[57] The situation may be different in family child care homes. Another frequently missed potential involves linking a single parent with other parents in a mutual support network. Again, this requires time and effort from the family child care provider or centre teaching staff. Such time may be difficult to find.

Failure to Capitalize on Child Care's Potential to Assist Low-Income Families

Children are poor because their parents are poor. Given the current rates of social assistance right across Canada, the best protection against poverty is a full-time job with a decent wage. The federal government has noted that lack of affordable child care is a barrier to labour force participation.[58] This observation is upheld by Canadian research demonstrating that the expected cost of child care is a key element in a woman's decision whether to join the paid labour force. A 10% increase in the anticipated cost of child care is associated with nearly a 4% decrease in the probability that the woman will decide to seek a job.[59]

Poor parents find it particularly difficult to obtain quality child care because of its cost. While the number of children who receive government child care fee subsidies across Canada increased from 144,617 in 1992 to 179,681 in 1998, the percent of subsidized children dropped from 39% to 35%.[60] On a national basis, child care fees in centres increased by 12.5% for infants, 20.3% for toddlers and 18.9% for preschoolers between 1991 and 1998.[61] However, fee subsidies have not kept pace with these fee increases. The results of a Canada-wide survey completed in fall 1998 showed that the availability of subsidies has been reduced in some provinces, and in others there has been no change in the amount of subsidy a parent can obtain for at least five years.[62]

Implications for Child Care

Need to Improve the Accessibility of Quality Child Care

A large proportion of children needing child care are obtaining this service in unregulated situations. Many of these settings may be providing high-quality care. However, there are no formal mechanisms, such as standards and monitoring, to increase the likelihood that this is the case. The current situation is characterized both by a shortage of regulated spaces, particularly for infants, and a problem with the affordability of such spaces.

High vacancy rates in centres, which directors attribute to parents being unable to afford the fees,[63] discourage centres from expanding their programs. Much of the affordability problem stems from the current approach to funding child care, specifically the heavy reliance on parent fees. Fees cannot be set sufficiently high to cover the true cost of quality and the problem has been increased by cutbacks in the availability of fee subsidy in some jurisdictions.

Need to Recognize the Changing Profile of Canadian Children

Increased immigration from countries other than Northern Europe, and increased levels of children living in poverty or with parents who have experienced marital breakdown, mean that the profile of children in Canada is changing. As a result, child care practitioners are more frequently providing care and education to children whose race, culture, mother tongue, socio-economic circumstances or family composition are significantly different from their own.

At the individual child care setting level, the increased diversity among children's families increases the likelihood that child care provider and parent will have different approaches to child rearing. Canadian research indicates that many parents from minority groups and many child care practitioners are unaware of their differences regarding values, behavioural expectations and goals.[64] The communication difficulties resulting from cultural barriers are increased when there is a language difference. Racial diversity also increases the possibility of racial and discriminatory incidents, and such incidents tend to be more noticed by parents than by centre teaching staff.[65] Both of these observations have implications for pre- and in-service training and for the way practitioners communicate with children's families. Child care practitioners must learn to take into account children's cultural context as well as their individual developmental stage and the universal stages of human development. At the system level, exposure to other cultures is calling into question the North American assumption that there is only one universal pattern of "proper" child rearing.[66] This questioning also has both practice and training implications.

There is some anecdotal evidence of a larger proportion of children who have developmental delays and/or challenging behaviour in child care settings than a few years ago. This may be related to the increased rate of lone-parent families and of families living in poverty. At the individual setting level, this has implications for the amount and type of individual attention required by the children. At the system level, there is an increased need to assist practitioners to become skilled in understanding and addressing developmental delays and challenging behaviours. There is also a need to provide child care settings with the resources required to meet the children's needs.

Need to Recognize Parents' Changing Requirements

There appears to be an increasing need for evening care, and perhaps for weekend care as well. However, it is difficult to provide such care through family child care homes because such provision usually requires the provider to work both day and evening hours in order to make a living. The result is burnout. Theoretically, the shift model of centre care makes the provision of evening care more feasible. However, it imposes additional costs for the centre—costs which cannot be recovered by increasing parent fees.

There are also indications that centres are being faced with a higher proportion of children who attend part time because their parents work part time.[67] This has implications for both programming and for the director's workload. The provision of care and education for a group of children whose composition changes perhaps daily presents new challenges to centre staff. These include the need to be aware of the developmental level of a larger group of children and to design programs to meet the needs of this larger number. For the director, an increase in the number of part-time children increases the number of families with whom the centre is involved and administrative duties such as scheduling.

The increasing incidence of marital breakdown and of immigration has increased the proportion of parents who are socially isolated. Theoretically, child care is well placed to provide support for such parents either directly by the practitioner or by facilitating the development of parent mutual support networks. However, either approach takes practitioner time and may not be possible with current resources.

Need for Public Education

There is a need to educate the public and governments about the implications of the changing Canadian family. The potential of child care to address some of the needs identified above is not being met, in part, because of lack of resources.

Endnotes

1. Cleveland & Krashinsky, 1998, p. 42.
2. National Council of Welfare, 1999, p. 12.
3. Marcel-Gratton, 1998, p. 5.
4. National Council of Welfare, 1999, p. 5.
5. Ibid, p. 12.
6. Vanier Institute of the Family, 1998, p. 53.
7. Ibid., p. 57.
8. Ibid.
9. The provisions of both the Canada and the Quebec Pension Plans are such that the years where earnings are nil or below career average while the mother (or single father) has a child under age seven are not counted when calculating the average earnings upon which pension benefits are paid. Therefore, the impact of being out of the paid workforce depends on the age of the individual's youngest child during the period in question.
10. Human Resources Development Canada, 1997a, p. 5.
11. Betcherman & Chaykowski, 1996, p. 8.
12. Ibid.
13. Human Resources Development Canada, 1998, p. 14.
14. Statistics Canada, 1999a, p. 1.

15. Canadian Council on Social Development, 1998, p. 14.
16. Marcil-Gratton, 1998, p. 5.
17. Ibid., p. 13.
18. Ross, Roberts & Scott, 1998a, pp. 15–20.
19. Ibid., pp. 20–23.
20. Ibid., Executive Summary, p. 1.
21. Lipman, Offord & Dooley, 1996, p. 87.
22. Ibid.
23. Ross, Roberts & Scott, 1998a, p. 22 and pp. 32–33.
24. Ibid.
25. Campaign 2000, 1999, p. 3.
26. Ross, Scott & Kelly, 1996, p. 22.
27. Ibid., p. 42.
28. Human Resources Development Canada, 1997b, p. 5.
29. Ross, Roberts & Scott, 1998b, p. 24.
30. Statistics Canada, 1998, p. 5.
31. Ross, Scott & Kelly, 1996, p. 13.
32. Vanier Institute of the Family, 1994, p. 54.
33. Statistics Canada, 1999b, p. 1.
34. Kobayashi, Moore & Rosenberg, 1998, p. 8.
35. Statistics Canada, 1996 Census, *Nation* tables, www.statcan.ca.
36. Beiser et al., 1998, p. 1.
37. Human Resources Development Canada, 1996, p. 15.
38. Statistics Canada, 1996 Census, *Nation* tables, www.statcan.ca.
39. Lefebvre & Merrigan, 1998, p. 19.
40. Ibid., pp. 34–45.
41. Ibid., p. 38.
42. Lipps & Yiptong-Avila, 1999, p. 5.
43. Beach, Bertrand & Cleveland, 1998, p. 3.
44. Goelman et al., in press; Lyon & Canning, 1995, p. 45.
45. Stuart & Pepper, 1988, p. 106; Pence & Goelman, 1991, p. 116.
46. Childcare Resource and Research Unit, *Research: Useful Statistics*, www.childcarecanada.org.
47. Human Resources Development Canada, 1997c, Tables 7 and 8.
48. Beach, Bertrand & Cleveland, 1998, p. 28.
49. Ibid.
50. Betcherman & Chaykowski, 1996, p. 8.
51. Doherty et al., in press, Chapter 9.
52. Foster & Broad, 1998, p. 15.
53. Ibid., p. 101.
54. Ibid., p. 38.
55. Ibid., p. 100.
56. Ibid., p. 11.
57. Endsley & Minish, 1991, p. 130.
58. Human Resources Development Canada, 1994, p. 4.
59. Cleveland, Gunderson & Hyatt, 1996, p. 147.
60. Campaign 2000, 1999, p. 12.
61. Doherty et al., in press, Chapter 10.
62. Ibid., Appendix E.
63. Ibid., Chapter 13.
64. Bernhard et al., 1999, p. 129.
65. Ibid., p. 145.
66. Bernhard et al., 1999, p. 131.
67. Doherty et al., in press, Chapter 9.

PART 2

The Importance of Early Experience

Issue

Reports discussing findings from brain research in computer language (e.g. "wiring" nerve cells to form "circuits"[1]) caught public attention in a way the reports of findings from other types of research had not. Unfortunately, the brain research findings have been misrepresented in some cases in an effort to get more attention paid to the importance of children's early years. For example, there is solid evidence that certain experiences are required within a specific time frame for the normal development of certain neural pathways in the visual area of the brain in children.[2] However, such findings have been used to suggest that a "critical period" applies in other areas for which research data on humans is lacking. Similarly, findings from studies using birds or animals have been used in a way that suggests the findings also apply to humans. However, we know that human and animal brains do not develop in exactly the same way.

The current state of knowledge about brain development in humans is not sufficiently strong to stand on its own as a basis for social policy recommendations. A stronger case for the importance of early childhood can be made by using the limited findings we have from human brain research to support the much greater body of findings from other types of research.

The Three Bodies of Research

Observational Studies

Starting with the detailed journals kept by Piaget in the 1920s, there have been seven decades of very rigorous, well-documented observational studies of infants, toddlers and children in countries as diverse as Canada, China and Columbia.[3] These observations have occurred in both natural situations and in laboratory experiments. The resultant body of findings leaves no doubt that:

- children's development is dependent, to a large extent although not solely, on their interactions with their environment and the people in it;
- children develop their language and reasoning skills through similar sequential stages regardless of the country in which they live. They do this by building on previous levels of competency; and
- children's conceptions of people, objects and language change radically in kind, not just in quantity, during the first years of life. What is learned in this period provides the foundation for later learning.

From birth on children observe, experiment, make guesses about how things work, test out their theories by predicting what will happen in future similar situations, and modify their hypothesis if there is a discrepancy between prediction and experience.

Longitudinal Follow-up of Children Who Received Compensatory Preschool Programs

By the late 1960s, developmental psychologists in Canada[4] and in the United States[5] had thoroughly documented the association between poor verbal and cognitive skills at the time of school entry and homes where preschoolers had few opportunities for verbal interaction or active engagement with stimulating materials. The evidence that important development occurred prior to school entry, and that an environment lacking in certain types of experience hindered development, convinced the U.S. government to fund a nationwide compensatory preschool program for socially disadvantaged children.[6] This program, Head Start, has been substantially expanded since its beginning in the late 1960s and continues to be funded by the U.S. government.

Canada was not far behind in acting on the recognition that environments lacking in adequate stimulation stunted development in preschool children. Mary Wright, a developmental psychologist, started a compensatory preschool program in 1972 in London, Ontario. In reporting on this project, she noted that this was not the first such program in Canada. The children in Wright's project attended an ordinary but high-quality child care program at ages 3 and 4 where they mixed with children who were not deemed to be "at risk." At the end of Grade 5, the at-risk children who had attended the preschool program performed better than a group of children from similar family backgrounds who had not done so on tests of language skills and problem solving. In addition, they were rated by teachers as having better academic performance and had fewer incidences of having been retained a grade.[7]

We now have nearly 30 years of research studies that have examined the results of providing compensatory preschool programs. Their effectiveness was questioned in an early review of the U.S. Head Start program.[8] This review noted that the higher I.Q. scores found at the end of their preschool experience among participating children "faded" over time and fell to the levels of those found among other at-risk children who had not received Head Start. However, several commentators have argued that consideration of I.Q score in isolation "misses the boat." What is really important are real-life practical indicators of success such as higher grade levels in reading and/or mathematics, lower rates of repeating a grade, and lower rates of placement in special education classes.[9] On this basis, a 1998 review concluded that good-quality compensatory programs yield definite benefits to the recipients in terms of their emotional and cognitive development, their school readiness at school entry, and their ultimate academic achievement.[10]

The finding that higher developmental levels than would otherwise be expected result from compensatory preschools for children from socially deprived homes is further evidence of the importance of the preschool years. Thus, this body of research is an important second strand in arguing that all children should have the best possible start in life.

Brain Research

We are just beginning to understand the working of the human brain, the three pounds of gray jelly-like material that enables us to develop and modify our knowledge of the world. Until recently, neuroscientists had to depend on animal experiments, probing of a patient's brain during brain surgery, or autopsies. Much valuable information was gleaned using these approaches. For example, closing one of a kitten's eyes with sutures at different ages and for different lengths of time confirmed the critical period for the development of the visual area of the brain in cats. It also hinted at the reason why failure to remove a cataract from an infant's eye by a certain age results in loss of sight whereas delay in removing a cataract from an adult's eye does not have this result.[11] Identification of those parts of the human brain responsible for speech and understanding speech resulted from autopsies of people known to have had a stroke that resulted in a particular type of communication problem.[12]

The bottom line remains that many of the brain research findings come from experiments conducted on animals. These findings are open to challenge when used to support demands for services for young children. However, techniques have been developed for studying the workings of children's brains that are not painful for the child and offer real potential for increasing our knowledge of human brain development. One technique involves placing a cap containing electrodes on the child's head and then recording the electrical activity of the brain as the child looks at something, hears something, or thinks about a task.[13] Another involves analysing a child's saliva to determine if levels of cortisol, a hormone produced by stress, are higher in children with certain types of prior experience.[14]

What Do We Know?

Children Develop Through Interaction

Language is a good example of how children's skill development relies on input from the environment (and also their own actions). All infants go through the stages of cooing, babbling, producing nonsense words and word mimicry during the first year of life. Around 12 months of age, children all over the world spontaneously produce their first culturally relevant word.[15] However, the child's language skills at age 5, and in fact whether any language is spoken, depends upon experience. Children who are born with a severe hearing deficit progress through the cooing, babbling and jargon stages. This suggests that these stages reflect a genetic predisposition that does not require sound input. However, children with severe hearing impairment do not progress to word mimicry unless their hearing is amplified, thus allowing them to hear sounds.[16]

When adults respond to babbling, they increase the likelihood of additional vocalizations and the production, by chance, of a sound that is close to a real word. When a word-like sound is greeted with enthusiasm, the baby is encouraged to try to make the sound again. Attempting to make a specific sound helps the infant to gain control over mouth, lips, tongue and vocal cords. The stage is now set for word production. Children's vocabulary increases dramatically between the ages of 2 and 4 if they are exposed to language and provided with both encouragement and opportunities to use it. For example, one researcher found that children whose mothers responded to their vocalizations and talked to them a lot knew, on average, 131 more words at age 20 months than age-mates whose mothers engaged in fewer vocal exchanges. At age 24 months, the gap had widened to 295 words.[17] A leading specialist in language development stresses that turn taking between adult and child is essential for language development, perhaps because of hormonal changes in the child as a result of social stimulation. In her words, "A disembodied tape hung on the side of an infant's crib is not what it's about."[18]

Peer skill development is a second example of the importance of interaction with the environment and the people in it. It also illustrates the long-term impact of failing to learn certain skills in early childhood. By roughly 15 months of age, toddlers become interested in other children and like to play in the same area. At this age, children are still self-centred and their cognitive development is such that they have difficulty taking the perspective of another. As a result, a group of toddlers requires an alert and sensitive adult to intervene when pushing, shoving and hitting occur. The guidance provided by the adult helps the child to learn self-management and the rules that preschool-age children expect each other to observe. Between the ages of 3 and 5, children who have regular interaction with peers develop an increasingly strong sense of these rules and usually learn how to behave appropriately in different peer situations.

Children who have a negative pattern of interaction with their peers, for example, are aggressive. Four-year-olds have been observed to carry this approach into kindergarten. In kindergarten, these children tend to be disliked and rejected by their classmates.[19] Thus, they are less likely to be included in group activities with the result that their opportunities to develop more adaptive social skills are curtailed. Research has found that children who have failed to develop the social skills necessary for positive peer relationships by about age 7 behave consistently in ways that lead peers to reject them. Furthermore, their ineffectual patterns of peer social interaction persist over time.[20]

Children's Development Is Sequential

Piaget's experiments on children's conservation, that is their understanding that volume or weight are conserved even when other properties, such as size or shape, are altered, illustrate how development is sequential. Piaget showed children of various ages two glasses filled to equal heights with coloured water. After the children agreed that both glasses contained the same amount, he had the children watch while he poured the water from one glass into another glass that was shorter but wider. When asked which glass had the most water, 3-year-olds consistently choose the taller, thinner glass. When asked why, they pointed out that the water in the glass rose to a higher level. Five- and 6-year-olds were less decisive in their response. They would usually answer that the taller glass had more water, but then wonder out loud if the second glass might not have more because it was wider. By age 7, most children confidently stated that no change in the amount of water had occurred simply by pouring it from one glass to another.

The preschoolers focussed on only one aspect of conservation, height. In contrast, the 7-year-olds were able to consider height and width at the same time as well as their observation that no water had been added or taken from the glass. Piaget's experiment on conservation of volume has been duplicated in industrial societies around the world, with children in various countries demonstrating conservation of volume at about the same age. The development of language and the development of an understanding of numbers as symbols, discussed below, are other examples of how development is sequential.

Children's Development Is Tied to Their Physical Maturation

As noted earlier, some control over the mouth, lips, tongue and vocal cords is necessary before a child can begin to mimic words. Such mimicry also requires the ability to pay attention to the specific sounds common in the language that the child hears.

In North America, most children can count a small set of objects, often 10 or so, by age 4. They can also make a non-numerical judgement that a pile of items is "a little" or "a lot," that is, they can make a global estimate of quantity. However, 4-year-olds cannot combine these two abilities to reliably answer the question, "Which is bigger, four or five?" This question requires working with two units of information simultaneously, that obtained by counting and that obtained by making a global estimate of quantity. At age 4, children respond as if the two pieces of information were stored in two different "files" in a computer and they cannot yet be "merged." However, by age 6 most children are able to correctly answer that five is bigger than four. They can now handle two units of information simultaneously and the stage is set for a real understanding of numbers as symbols.[21] What has happened in the intervening two years?

First of all, two important neurological changes occur in the human brain starting at about age 4 and continuing to about age 10. There is both increased strengthening of the connection between the right and left hemispheres and a strong pattern of growth between the front and back parts of the brain. This maturation increases "working memory" which goes from an ability to retain one unit of information at age 4 (e.g. that obtained by counting a set of objects, to an ability to retain four units of information at age 10).[22] However, maturation of the brain itself could not produce the change in conceptual ability noted above. External experience is also necessary and is the second part of the explanation of what happens.

Most North American middle-class preschoolers are exposed to a variety of experiences that introduce them to numbers and manipulating objects (e.g. helping to set the table, counting games, and board games such as "snakes and ladders.") Children from socially deprived homes tend to have less exposure to such experiences. Research studies have repeatedly found that children from socially deprived homes enter school at age 6 without an intuitive sense of numbers.[23] This interferes with their ability to solve the problem, "Which is bigger, four or five?" However, children from socially deprived homes can develop a number sense and solve problems such as this by age 6 if, as 5-year-olds, they participate in a compensatory program that involves games requiring the manipulation of numbers.[24]

A 1996 report provides the findings from a 10-year longitudinal study on numerical understanding using the same experiments with children in Canada, China, Japan and the United States. In all four of these industrialized countries, the children passed through the same stages, that is, the ability to manipulate two units, three units, and finally four units of information, in the same order and at approximately the same age.[25]

Quality Preschool Can Compensate for Lack of Stimulation at Home

Research studies on the effect of compensatory programs for preschoolers compare two groups of socially disadvantaged children; one group participates in the program while the other does not. The findings that have the greatest credibility are those from studies with sufficient sample size, at least 100 participants, which randomly assigned the children to groups that did or did not receive the special program, and then measured and compared the performance of the two groups over a substantial period of time. The two studies with the longest follow-up periods are the Perry Preschool Project, which has followed its children until age 27, and the Abecedarian Study, which recently reported preliminary results on its subjects at age 21.

The Perry Preschool Project, which started in 1962, involved 128 inner-city children from impoverished families who were considered to be at risk for school failure. All the children lived in the same neighbourhood. At ages 3 and 4, the children were randomly divided into a group that received a high-quality centre-based preschool program for 2.5 hours a day (the "experimental" group) and a control group that did not receive the program. Assignment into groups was done by pairing children on the basis of their I.Q. score and their family's socio-economic status. Then, by flipping a coin, one child was assigned to the "experimental" group and the other to the control group.[26] At age 19, a higher proportion of the children who had participated in the program had completed high school (67% vs. 49%) and a higher proportion was enrolled in a postsecondary academic or vocational course (38% vs. 21%). Children who had participated in the preschool were also less likely to have been enrolled in a special education class during their elementary and secondary school career.[27] At age 27, the researchers were able to track 123 of the original children. Those from the experimental group had a higher rate of completion of Grade 12 (71% vs. 54%), higher monthly earnings (average of $1,219 vs. average of $766), and a significantly lower percentage were receiving social assistance payments (15% vs. 32%).[28]

The Abercedarian Study began in 1972 and involved 111 children from impoverished families. The children again came from the same community. The average score obtained by the children on a standard infant intelligence test administered when they were 3 months old was almost identical for those who went into the preschool program and those who did not (average of 95.0 for the experimental group and 96.1 for the control group). This study is particularly interesting because it examined the impact of compensatory programming at different ages. Children in the experimental groups received one of the following interventions:

1. A full-time, high-quality centre-based preschool program which operated five days a week on a year-round basis and continued until kindergarten entry at age 5.

2. Both the preschool program until age 5 and bi-weekly individual tutoring in basic skills such as reading and mathematics until age 8.

3. No preschool program but bi-weekly individual tutoring between age 5 and age 8.[29]

At age 8, the children who had participated in the preschool outperformed those without the preschool experience in both reading and mathematical skills as measured by standardized assessment tests. This included outperforming children who did not receive the preschool experience but did receive individual tutoring between age 5 and 8.[30] As illustrated in Table 1, when the children were 12 years old, those who had received the preschool program only, or the preschool program and the later tutoring, did better than the other children on standard tests of reading, mathematics, written language and general knowledge.

TABLE 1

AVERAGE SCORES ON STANDARD TESTS OF ACADEMIC ACHIEVEMENT WHEN THE CHILDREN WERE AGE 12

Group	Reading	Mathematics	Written Language	General Knowledge
Control (no intervention)	83.77	84.68	87.41	84.00
Preschool Only	89.41	91.82	93.14	93.77
School Tutoring Only	85.76	87.43	91.62	86.67
Both Preschool and School Tutoring	90.96	90.80	97.67	92.24

Source: Campbell and Ramey, 1994, Table 4, p. 692

The children who had received only the tutoring between age 5 and 8 performed better than the control group, but not as well as the other two groups (see Table 1). There was little difference in ability between the group that had attended only the preschool program and the group that received both the preschool program and individual tutoring during the first three years of elementary school. After seven years of elementary school experience, a smaller proportion of children with the preschool experience had required remedial education services or been retained a grade.[31]

At age 21, the people who had participated in the Abecedarian preschool program continued to have higher reading achievement scores and somewhat better mathematical abilities. About 35% of the young adults from the preschool group either had graduated from or were attending a four-year college or university program in comparison to 14% of the control group.[32]

The results from the Perry Preschool and the Abercedarian projects are particularly powerful because of the random assignment to the control and experimental groups, the fact that both groups of children in both studies were very similar to each other before the intervention, and the retention of intervention effects into adulthood. However, they are not unique. The earliest review of compensatory programs for at-risk preschoolers, conducted in 1982, also concluded that such interventions translated into higher scores on academic subjects such as reading and mathematics in the later years of elementary school and to lower incidences of grade retention.[33] Subsequent reviews of compensatory preschool programs published in the past couple of years have resulted in the same conclusions in both Britain[34] and the United States.[35]

Some people may attempt to dismiss the findings of the Abercedarian Preschool Program and the Perry Preschool as irrelevant to Canada on the basis that they involved impoverished African-American children. However, the bottom line remains. The studies meet accepted methodology standards in the research community, the preschool experiences of children in the control and in the experimental groups were different, and the outcomes for the two groups were different. (The Ontario government is funding a 25-year longitudinal study examining the effect of a variety of preschool and/or elementary school interventions on children deemed to be at risk due to environmental reasons. This research, ***Better Beginnings: Better Futures***, involves four First Nations communities and seven other communities. It now has four years of follow-up data subsequent to the interventions. A preliminary report is expected in spring 2000.)[36]

The Abecedarian Study was specifically designed to explore whether the timing of intervention made a difference. Its results indicate that intervention prior to age 5 is more effective than subsequent intervention. A 1996 review of 19 compensatory programs provided in the preschool years examined the association between age of entry and outcome. It found that the most enduring language and cognitive skill benefits were associated with interventions with children that began before age 3 rather than when they were age 3 or 4.[37] Thus, this body of research strongly supports the importance of the experiences children have in their first few years of life.

Brain Development

In the beginning ...

At birth, a baby's brain cells have one of three levels of development:[38]

- Some brain cells (neurons) have already been programmed by the genes to produce the connections (that is, circuits or pathways) that control breathing, heart rate, body temperature and other mechanisms essential for survival outside the womb.
- Other brain cells (neurons) have been genetically programmed to develop rudimentary connections between themselves. For example, in the newborn baby cells in the retina send electrical signals to the visual area at the back of the brain, not to what will be the language area at the side. However, the development of advanced skills, such as depth perception, depends on experience after birth.
- trillions and trillions of neurons are completely unprogrammed and totally dependent on experience after birth in order to develop connections. These neurons enable humans to acquire new knowledge and new skills over the whole lifetime.

Neuron Connection After Birth

The development of neural connections after birth is "activity dependent." A neuron consists of a cell that receives signals on extensions of its body known as dendrites. The cell transmits the information along another extension known as the axion. The information exchange between neurons occurs across a junction known as the synapse. Every time information is exchanged between neurons across a given synapse, there is a temporary chemical reaction. This enables a small burst of electricity to travel between the cells. Repeated activation of the chemical reaction increases the strength of the developing connection and the likelihood that it will be retained.[39] Thus, for example, each time a baby is talked to the connections between the ears and the specialized auditory reception neurons of the brain are strengthened. As a result, the child becomes more familiar with the sounds that are typical of the language to which he or she is exposed.

Nerve cells in action burn up fuel, glucose, just like muscles do. Computerized scanning systems (PET scans) enable measurement of the amount of glucose metabolism in the brains of children without having to insert anything into the brain. Scans done at different ages have enabled the estimation of how many synapses are operating at different times during development. This research has demonstrated that there is increasing activity across synapses from birth, with the child's brain reaching adult levels of activity by age 2. By age 3, however, the child's brain is using twice as much glucose as that of an adult and continues to do so (therefore indicating it is more active) until about age 10. Then glucose use (and hence, activity) starts to decline until it reaches its adult level at about age 18. This is the result of pruning, which is discussed below. Studies using PET scans demonstrate that the preschooler's brain has more connections and is more active than the adult brain and thus is more adaptable.[40] However, this does not mean that adult brains are not capable of adapting.

Pruning

What is happening when brain activity decreases? The spurt of activity in the infant's and toddler's brain signals the making of many more connections than are actually required. If a connection is rarely or not used, it is eventually deleted. Synapses that carry the most messages continue to get stronger and survive. Like pruning a fruit tree, stopping the growth in some neuron branches helps to strengthen the growth in other branches. Just as such pruning changes the shape of the fruit tree, pruning of synapses changes the brain's structure. The pruning of unused connections and resultant change to the brain is very apparent in language development. Using electrodes on the outside of the head, researchers have found that newborn babies show no difference in the amount of brain activity to sounds typical of English or typical of another language. At about 6 months of age, children from English-speaking families show unique patterns of brain activity, which indicates connections, in their left hemispheres when they hear sounds from English. They do not respond the same way to sounds not typical of English.[41] The brain has physically changed with increased exposure to the sounds of a particular language. It is this loss of rarely used connections and strengthening of frequently used connections that enables the brain to adapt itself to the individual's unique social and physical environment.

There Is a Difference Between "Critical Periods" and "Sensitive Periods"

The neurons of the brain that are genetically programmed to develop rudimentary connections are specialized to respond only to specific kinds of stimulation. Furthermore, for some of these connections, the external stimulation must be timed quite precisely in order to have an impact. These specific periods of time are known as *critical periods*. If the specific stimulation is not available during the critical period, the connection or neural development fails to occur. As discussed later, the evidence for critical periods in humans is tied to a few very specific functions. It appears that critical periods are the exception to the more general rule of brain adaptability.

Other neural connections or the development of other parts of the brain occur more easily at a certain period but can occur later. Periods of time in which the developing child is especially sensitive to the influence of certain types of experience have been called *sensitive periods*.[42] While development of the neural connection or part of the brain can occur after the sensitive period, the brain's full potential is less likely to be achieved. The extent to which failure to develop during a sensitive period can be addressed after the end of that period appears to vary depending on the brain area involved. In addition, the longer the wait to begin compensation after the sensitive period, the less likely it is that the brain's full potential will be achieved.[43]

Functions Influenced by Critical Periods

Convincing evidence for critical periods in humans, as opposed to sensitive periods, exists for vision and for the development of certain types of language ability. There is some *circumstantial* evidence that a critical period *may* also exist for the development of the ability to regulate emotion. However, some of the evidence for this comes from animal studies.

Vision

A study of children with a cataract in one eye found that visual acuity via that eye after the cataract was removed depended upon the age during which the eye was affected. Children born with a cataract which was not removed by age 3 only achieved the ability to perceive light through that eye. They could not distinguish shape or colour, even though the retina and optic nerve were undamaged. Children who developed a cataract in late childhood, for example after age 9, were able to see normally through the eye after the cataract was removed.[44] This research indicates that if an eye fails to send the brain useful messages in the first 3 years of life its input at a later time is simply not used (not "seen"). Research has also demonstrated the negative effect of uncorrected astigmatism in a newborn on the child's ability to discriminate among lines of different orientations in elementary school.[45] Lack of this ability makes it harder to distinguish between letters and to learn how to read.

Language

Every language in the world uses certain sounds and does not use others. English uses both "r" and "l" but Japanese does not. Instead, it uses a merged "l/r" sound. At 6 months of age all babies, whether from families that speak English, Japanese, or some other language, can distinguish between "r" and "l." By 12 months of age, children raised in Japanese-speaking homes have lost this ability.[46] Connections that existed at 6 months no longer exist as the result of the children learning only to pay attention to sounds critical for distinguishing words in Japanese. Studies have found that children who learn a second language prior to age 7 perform like native speakers on various tests. People who begin to learn a second language in adolescence or later never fully attain the accent, intonation and syntax of native speakers. However, they can learn to be completely fluent in the language.[47]

Ability to Regulate One's Emotions

There is some *circumstantial* evidence that development of the ability to regulate one's own emotions and to handle stress in an adaptive fashion *may* also be governed by a critical period. Things in the environment, such as a stranger, that are interpreted as stressful activate the arousal mechanism (the "fight or flight" response). This, in turn, causes changes in the body's endocrine system that heighten sensitivity to the environment and increased alertness. People who can modify their arousal mechanism when in a stressful situation are better able to cope with the situation. Studies have demonstrated that the arousal mechanism in monkeys that are genetically predisposed to extreme reactions to stress can be modified if such monkeys, as infants, are raised by adoptive mother monkeys who are very nurturant. When they are adults, the monkeys raised by nurturant mothers do not show the extreme reaction when faced with stress that would be expected given their genetic predisposition.[48]

The relationship between the infant and the primary caregiver(s) appears to set the stage for the child's later ability to regulate emotions and handle stress in an adaptive fashion. Sensitive, responsive care during infancy enables children to develop a sense of trust that their needs will be met. Developmental psychologists refer to this type of trusting relationship with a caregiver as a "secure attachment." Using procedures to measure the security of infants' attachment, observational studies have found an association between having a secure attachment in infancy and the ability to tolerate frustration or stress at age 4 or 5.[49] When humans are stressed, they produce the hormone cortisol. Other research has found that infants and toddlers who experienced consistent responsive and sensitive care produce lower levels of cortisol in their saliva when in stressful situations as toddlers and also when they are elementary school age. The same children are also able to turn off the cortisol response more quickly.[50]

It is important to note that the above is *circumstantial* evidence of a critical period for learning how to defuse a "flight or fight" response. It is based on a combination of observational studies with children, research on monkeys, plus saliva tests on children. Scientists hypothesize that sensitive, responsive care during infancy *may* wire some sort of "calm down" switch that enables the children to soothe themselves when stressed. The connections of this hypothetical switch are strengthened each time a distressed child's needs are met; for example, when the hungry child is fed promptly or the upset child is comforted.[51] While the above explanation is plausible, we do not have actual neurological proof of a calm down switch.

Until fairly recently, it was believed that infants formed only one "attachment" relationship, usually with the mother. Research has shown that infants can and do form attachments with mother, father and other adults who regularly care for the child over a period of time. Furthermore, it is possible for a child to have a "secure" attachment with one adult and an "insecure" attachment with another.[52] The extent of the security of the attachment is related to the extent to which the adult in question is alert to the infant's signals, interprets them accurately, and responds in a warm, prompt and appropriate fashion. Thus, infants can, and do, develop secure attachments with their child care provider as well as with their parents.

Functions Influenced by Sensitive Periods

The development of peer social skills is one example of how functions are influenced by sensitive periods. As noted earlier, children who have not developed the skills necessary for positive peer relationships by about age 7 behave consistently in ways that lead their peers to reject them. Furthermore, their peer contact style is maintained over time and across settings, resulting in continued rejection even if the child changes groups.[53]

A review of nine long-term follow-up studies of intervention programs to address elementary school children's deficient peer social skills indicates that the results are quite encouraging for those whose deficiencies reflect failure to grasp the rules and expectations of positive peer relationships. However, successful intervention requires very specific training geared to the individual child's particular deficits.[54] In addition, children with defective peer relationship skills have a negative reputation with other children. Even after they have learned more positive relationship skills other children may continue to neglect or reject them. This body of research demonstrates that it is possible to develop a child's peer relationship skills after the sensitive period. However, it is preferable for children to develop good peer relationship skills during the sensitive period so that their opportunities for refinement of their skills are not curtailed by the rejection of other children.

Conclusion

The picture that emerges from brain research is consistent with that from decades of observational research and the body of studies exploring the effect of compensatory preschool experiences. The early years are very important. The brain depends upon experience to a large extent for its development. Other humans are a crucial component of this experience. The important message in brain research findings may not be that the "window of opportunity" will "slam shut" but that lack of appropriate experience may:

- limit opportunities for further development; and/or
- change the way the child can respond with the result that development may never reach its full potential.

Summary

As noted in a recent book by three developmental psychologists, entitled *The Scientist in the Crib*,[55] newborn babies face two major tasks. They must discover:

- what their particular physical and social world is like and how it works; and
- what the people in their particular environment do in order to survive and then learn how to do it themselves.

Success requires:

- active interaction with the physical and social environment so that the child can look for patterns in what is going on, make hypotheses about what these mean, predict what will happen in a future similar situation, make adjustments if their predictions are incorrect, and learn what to pay attention to; and
- involvement with other people who are both the subject matter to be observed and the teachers.

There is ample and solid evidence that important developmental changes happen in early childhood. Equally evident is the fact that experience plays a crucial role in determining the extent to which children successfully master key skills during that time. Learning things in the right sequence is crucial—not necessarily because of the closing of maturational "windows," but because what is learned in early childhood provides the foundation for future learning and how the person can respond to future experiences. While compensatory programs can assist children who have developmental deficits, such efforts can be expensive and may fail to enable the child to reach his or her full potential. Thus, adequately supporting children's development in their early years is far better for children, and from the point of view of society as a whole, than attempting to address problems at a later time.

Implications for Child Care

- The most effective strategy for convincing the public and governments that experience in early childhood is important is to demonstrate how the three streams of research discussed all support its importance.

- Active individual interaction with warm, supportive adults and ample opportunities to explore the environment are essential for a child's optimal development. Young children in full-time child care spend as much as 9 hours a day, 5 days a week in that situation. For infants and toddlers, this represents more of their waking hours than those spent with their family. As would be expected, the child care experience has a substantial effect on children's development. Research has shown that a poor quality child care environment, that is, one lacking in verbal or other stimulation, hinders the development of middle-class children even though their family environment is not lacking in stimulation.[56] It makes little sense to provide compensatory preschool programs for children from socially disadvantaged homes but at the same time allow middle-class children to spend their days in poor quality child care situations. These child care situations mimic the home environment of the children being given compensatory programming and have the same effect.

- There is strong indication that a secure attachment with the adult(s) providing care not only develops the basic trust the infant and toddler needs in order to feel comfortable exploring the environment, an activity essential for learning, it may also help the child to learn how to handle stress. Sensitive, responsive care is most likely to occur when there is continuity of relationship. This continuity assists the adult to interpret the child's needs accurately. Thus, high staff turnover rates are a concern, as are factors that contribute to them, such as low wages.

  The importance of continuity of relationship over time is taken very seriously by a leading U.S. developmental psychologist who is the director of a model child care centre at the University of North Carolina in Chapel Hill. In that centre, the teachers remain with the same group of children throughout the children's stay in the centre. This is in contrast to the more usual child care practice whereby the child moves from the infant room to the toddler room and then from the toddler room to the preschool room with a change in primary teacher each time.[57]

- Children are most "primed" to learn language in the preschool years, starting with infancy. Active response to infants' vocalizations using a turn-taking approach encourages them to develop language. Being read to, engaged in conversation, sung with, encourages the toddler's communication skills.

- Children develop the basic skills for peer relationships as 2- and 3-year-olds. To be successful, they need adult guidance as well as opportunities to interact with similar-aged children. This requires that the adults have some understanding of group dynamics, an essential topic in staff training programs.

- The basics for understanding the concept of numbers as symbols and learning how to manipulate them should be developed prior to school entry. Otherwise, the child will have difficulty learning basic addition and subtraction and all subsequent mathematical processes. Participating in activities that involve matching, even something like putting a spoon beside each plate, number counting and manipulating objects assists children to develop a numerical sense.

- Quality in child care matters. One important element is an adult-to-child ratio, given the ages of the children, that allows daily individualized interaction with each child plus the involvement of the adult in group games and activities. A variety of activity materials, games, books, etc. is also important. This does not mean the equivalent of Toys 'R' Us. There is no evidence that providing a super enriched environment will produce "super babies" (in spite of what has sometimes been implied in the popular media). In fact, too much stimulation can be stressful for young children.

Endnotes

1. Begley, 1996.
2. Mitchell & Timney, 1984; Cynader, 1994.
3. Posada et al., 1995.
4. Fowler, 1976, Wright, 1983.
5. For example, Birch et al., 1970; Jencks, 1972.
6. Zigler & Styfco, 1994.
7. Wright, 1983.
8. Cicirelli, 1969.
9. Consortium for Longitudinal Studies, 1983; Slavin, 1994; Gomby et al., 1995.
10. Karoly et al., 1998, Tables 2.1 and 2.2.
11. Shatz, 1992, p. 64.
12. Gopnik, Meltzoff & Kuhl, 1999, p. 176.
13. Ibid., p. 178.
14. Gunnar et al., 1996.
15. Slobin, 1985.
16. Schiefelbush, Sullivan & Gantz, 1980.
17. Begley, 1996, p. 57.
18. Kuhl, 1997, p. 4.
19. Ladd & Price, 1987, p. 1184.
20. Coie & Kupersmidt, 1983, p. 1410.
21. Case et al., 1996, pp. 5–7.
22. Ibid., p. 16.
23. Griffin, Case & Siegler, 1994, p. 30.
24. Ibid., pp. 42-43.
25. Case et al., 1996.
26. Berrueta-Clement et al., 1986.
27. Ibid., p. 24.
28. Schweinhart, Barnes & Weikart, 1993.
29. Campbell & Ramey, 1994.
30. Ramey & Campbell, 1993.
31. Ibid.
32. Ramey, 1999, p. 3.
33. Lazar et al., 1982.
34. Zoritch, Roberts & Oakley, 1998.
35. Gomby et al., 1995; Campbell & Taylor, 1996; Karoly et al., 1998.
36. Carol Crill Russell, personal communication, December 1999.
37. Campbell & Taylor, 1996, p. 78.
38. Shatz, 1992; Begley, 1996.
39. Doherty, 1997, Chapter 3.
40. Gopnik, Meltzoff & Kuhl, 1999, pp. 175–189.
41. Ibid., pp. 183–186.
42. Hertzman &Weins, 1994.
43. See, for example, Campbell & Ramey, 1994.
44. Mitchell & Timney, 1984.
45. Cynader, 1994, p. 157.
46. Kuhl, 1997, p. 2.
47. Gopnik, Meltzoff & Kuhn, 1999, pp. 192–193.
48. Suomi, 1999.
49. Erickson, Egeland & Sroufe, 1989.
50. Gunnar et al., 1996; Gunnar, 1998.
51. Begley, 1996.
52. Oppenheim, Sagi & Lamb, 1988; Goosens & van Ijzendoorn, 1990; Howes & Hamilton, 1992.
53. Coie & Kupersmidt, 1983, p. 1410.
54. Burton, 1987.
55. Gopnick, Meltzoff & Kuhn, 1999.
56. Peterson & Peterson, 1986; Vandell, Henderson & Wilson, 1988; Howes, 1990.
57. Simmons & Sheehan, 1997.

PART 3

Child Care and Children's Development

Issue

Over the past decade, it has become commonplace for Canadian preschoolers to spend substantial periods of time with paid, non-relative child care providers. In 1994–95, an estimated 698,400 children under age 6 were receiving such care.[1] Opponents of child care sometimes claim that it inevitably has a negative effect on children's development. What does the research tell us?

This section presents the research findings related to any type of group experience prior to school entry, the long-term effect of child care specifically (in contrast, for example, to mom-and-tot groups), and the difference made by the quality of non-relative care.

The Value of Regular Group Experiences Prior to School Entry

Canadian Research

The National Longitudinal Survey of Children and Youth (NLSCY) is following nearly 20,000 children across Canada by collecting a wide range of data on them every two years. An analysis of NLSCY data compared the level of performance in kindergarten of two groups of children. The first group had participated in some type of regular "early childhood program" as 2- or 3-year-olds. The second group had stayed at home with a parent, usually the mother. In this study, "early childhood program" included not only child care but also nursery schools, play groups, and mom-and-tot programs. In kindergarten, about 40% of the children with experience in an early childhood program were judged by their teachers as being near the top of their class in communication skills as opposed to only 25% who had not participated in such programs. Thirty-eight percent of the children with early childhood program experience were rated as being near the top of their class in learning skills compared to 24% of children in the other group. The study also found that higher proportions of children with early childhood program experience were able to write a simple sentence, compare numbers and understand simple concepts of time such as "today" and "summer." The association between early childhood program experience and better kindergarten performance held true regardless of mother's education or family income (two factors known to influence school achievement).[2]

The beneficial effects of an early childhood program appear to carry over into Grade 1. The study also compared three groups of Grade 1 children. When they were 4- and 5-year-olds, one group had received an "early childhood program," the second group had attended kindergarten, and the third group had remained at home. Again, the definition of early childhood program included the same range of experiences noted above. Twenty-six percent of children who had attended an early childhood program were ranked by their Grade 1 teacher as near the top of their class in overall achievement. In comparison, only 21% of kindergarten children and 16% of the children who had remained at home received this ranking. Higher proportions of children who had attended an early childhood program were also ranked near the top of their class in reading, written work and mathematics than either children who had attended kindergarten or children who had remained at home. The biggest difference was in mathematics. Children who had attended an early childhood program were 1.4 times as likely to be rated near the top of their class than children who had stayed at home. The association between a group experience prior to school and school achievement was found regardless of the mother's education or family income.[3]

International Research

A study from Britain is of particular interest because it involved a very large sample— all children born in the United Kingdom in one week of April 1970. This resulted in data collection on 4,863 children who had been in a regular group experience before school entry and a comparison group of 3,380 without this experience. The selection of all children born within a given week substantially increased the likelihood of a wide range of both socio-economic backgrounds and group experiences. Having a wide range increases the strength of the findings. In doing their analyses, the researchers used statistical procedures to control for factors such as family income, maternal education level and whether the child had a physical or developmental handicap. At both age 5 and age 10, the children with a group experience before school entry performed significantly better on tests of cognitive functioning. At age 10, they had larger vocabularies and better ability to organize their thoughts.[4]

Discussion

This section has discussed research demonstrating the benefits of a regular group experience with other children prior to school entry. Why is such experience beneficial whether it be child care or a mom-and-tot group? A structured group experience with other children and adults is quite different from being alone at home with mother or with mother and a sibling. The group experience provides opportunities to practise peer relationship skills under adult guidance with children other than siblings. It also provides greater opportunities for the child to practise language skills with adults who may not be familiar with the child's idiosyncratic use of language, for example, unique "baby words." This encourages the use of more standard language. During the group experience time, the adults are usually focussed on the children and deliberately engaging them in stimulating activities. It is also possible that children who have prior group experience are more attuned to the communal nature of a group setting and thus more likely to have developed the skills required to function well in kindergarten. Such skills would increase the child's ability to take advantage of what is offered in kindergarten and result in the child being better prepared for Grade 1.

The large sample NLSCY and British studies involved a range of ordinary community services, including child care, mom-and-tot groups and play groups. They provide convincing evidence that, generally, regular group experiences with other children before school entry are beneficial for children's development. However, these studies do not:

- provide information on the effect of child care specifically; or
- explore the additional effect, if any, of the quality of the child care experience.

The Long-term Effect of Child Care

Canadian Research

Another study used NLSCY data to specifically examine the effect of participation in child care. It found that 4- and 5-year-olds who were receiving some form of child care outside the home obtained higher scores on a standard test of language understanding[5] than children not receiving child care.[6] While this study has the advantage of a large sample which included children from a variety of backgrounds, it has two limitations. It did not examine the quality of the child care being received by the children nor did it explore whether the benefit noted when the children were in child care continued when they were older.

Researchers at Concordia University in Montreal conducted a small study that compared 27 children with child care experience and 24 without any type of group experience before school entry. The children with child care experience were rated by their kindergarten teachers as less withdrawn and more willing to participate in group activities.[7] In a follow-up when the children were in Grade 1, no differences were found between children who had been or had not been in child care in language skills, task orientation, consideration of others, withdrawal, independence or social skills.[8] Having looked at the findings with all the "child care" children grouped together, the researchers then re-did the analysis using information collected on the quality of the child care settings at the time the children were attending them. They then found that in Grade 1, the children who had been in high-quality centres had greater ability to understand and use language than those from poor-quality programs and were rated by their teachers as being more independent.[9] The Montreal research demonstrates the importance of the quality of child care for children's later development, a factor discussed more specifically in the following section.

International Research

A review of 19 studies conducted outside Canada compared the long-term development of children with or without child care experience before school entry.[10] All the studies involved ordinary child care services, not compensatory programs intended to provide an enriched experience for children at risk for developmental delay.

Summary of the Findings

Eleven of the 19 studies (58%) found that regular participation in child care before school entry benefited children's development in one or more of the areas of peer relationship skills, language skills, cognitive functioning or classroom skills (e.g. the ability to follow directions, take turns with other children, resist distraction). Four studies found no difference between children with or without prior child care experience on the factors examined. Three studies reported mixed findings and one reported a negative effect.

Two of the studies reporting mixed findings found that there was no difference between children with or without child care experience in peer relationship skills, listening skills or language skills, but those who had attended child care were rated by their teachers as less compliant.[11] The third study found that children with child care experience were rated as substantially better at reading readiness and overall classroom skills at entry into kindergarten. However, in the following spring they were no better in these areas than children who had not been in child care.[12] Interpretation of the above mixed findings is limited by the lack, in some cases, of information about the quality of the child care and/or the extent to which the two comparison groups were similar in factors such as socio-economic background or mother's maternal education level.

The One Exception

The study reporting a negative effect associated with being in child care before school entry was conducted in Texas. In that study, children in both the "child care" and the "non-child care" groups were from similar middle-class backgrounds. At the time of the study, Texas required no preservice training for staff working in child care centres and allowed ratios of 1:6 for infants and 1:18 for 4-year-olds. Lack of early childhood care and education (ECCE) training and a large number of children per teacher have consistently been found in other research to be associated with poor quality.[13] When the children were age 8, those who had attended child care before school entry were rated by their teachers as having poorer peer relationship skills, poorer work habits and being more non-compliant with adult requests. Children who had been in child care the longest obtained lower grades in all subjects than those with less or no child care experience in Grades 1, 2 and 3.[14] The researchers used a number of statistical procedures to control for differences between the two groups of children and, having done this, reported that the length of child care experience emerged as the single best predictor of child outcomes.

A Large National Study from France

The indication in the Texas study that child care quality matters, a finding consistent with that of the Montreal study noted above, is reinforced by a nationwide study conducted by the Ministère de l'Education nationale in France.[15] This involved the examination of school records across the country for a period of seven years, hence, a very large group of children. The study found that, controlling for father's education (which can serve as an indication of family socio-economic status), children with centre-based child care experience were less likely to have to repeat Grade 1. As illustrated in Table 1, the longer the preschool experience, the lower the repeat rate. The study also found that children who had been enrolled in child care centres were more likely to be promoted from 6th to 7th grade than children who had not attended child care.

TABLE 1

FIRST GRADE REPEAT RATES FOR FRENCH PUPILS BY FATHER'S OCCUPATION AND NUMBER OF YEARS IN CHILD CARE

Father's Occupation	One Year in a Child Care Centre	Two Years in a Child Care Centre	Three Years in a Child Care Centre
Professional or Executive	11.6%	10.9%	8.0%
Skilled Worker, Artisan or Shopkeeper	25.1%	21.8%	15.5%
Farmer, Unskilled Labourer, Unemployed	41.4%	38.1%	32.6%

Source: Richardson and Marx, 1989, p. 22

The French study did not examine the quality of the individual child care centres attended by the children. National standards in France require that the person in charge of a group of preschool children have postsecondary education that is equivalent to a U.S. master's degree in early childhood education.[16] Permitted ratios are higher than those in Canada; however, only the person in charge of the group is counted in France while Canadians count all staff in the room. In France, the person in charge of the group is usually assisted by at least one other person.[17] As a result, when all adults working with the children are counted actual French ratios are not substantially different from regulatory requirements in Canada. Finally, centres in France are purpose-built and well equipped using government funds.[18] These aspects of French centres have resulted in them being characterized by U.S. child care experts as being of uniform high quality.[19]

Quality Matters

"Quality child care is child care that supports and assists the child's physical, emotional, social and intellectual well-being and development, and supports the family in its child-rearing role."[20]

Determining Child Care Quality

On the basis of the above definition of quality, researchers have consistently identified the following within-program characteristics as determinants of quality:[21]

- a physical setting that protects children's health and safety;
- responsibility for a number of children that, given their age and developmental stage, enables the child care practitioner to provide each child with individualized attention;
- a group size which, given the age and developmental stage of the children, is small enough that children do not feel overwhelmed;
- pre- and inservice education related to child development and child care provision (this finding holds true for both family child care and centre-based care);
- a centre director who has formal ECCE education and training in administration; and
- higher rather than lower remuneration levels and working conditions that support the practitioner, for example, paid preparation time.

Research Findings

Researchers study the impact of quality in child care by dividing the sample of settings into a group deemed to be "high quality" and a group deemed to be "low quality." The quality rating is usually done by using a standard, widely accepted observational tool such as the Family Day Care Rating Scale or the Early Childhood Environment Rating Scale. Most studies that have explored the effect of the quality of child care on children's development have focussed on differences while the children are still in the settings. Collectively, these studies indicate that children in high-quality child care have higher levels of peer relationship skills, language development and cognitive skills even when the influence of family socio-economic status is controlled.[22]

Seven studies have assessed the effects of the quality of child care received on some measure of social, language or cognitive development when the children are in kindergarten or a higher grade.

Canadian Research

One piece of research is the Montreal study reviewed in the previous section.[23] Another is a study conducted in Victoria, British Columbia. It started with 105 children and was able to follow 60 of them to age 13. When the children were 3 and 4 years of age, and still in their centre- or family-based child care setting, those in settings assessed on a standard measure as being high quality scored significantly higher on tests of language development.[24] At age 13, the child's score on the language measure while in child care (which was associated with the quality of the program) was the most powerful predictor of the child's scores on mathematical and reading comprehension. Higher preschool language scores were also found to be associated with higher scores on a measure of self-esteem when the children were 13-year-olds.[25]

International Research

One of the studies from outside Canada is from Sweden while the other four are American. The Swedish study followed 123 1- and 2-year-olds from just before they enrolled in family- or centre-based child care until age 8. It found that 8-year-old children who had been in high-quality child care had higher levels of social maturity and better social skills than age-mates whose child care experience had been of lower quality.[26] The quality of the adult–child interaction when the child was in child care predicted verbal abilities at age 8 while structural factors, such as ratio, predicted mathematical ability.

Three of the four American studies involved small samples. In summary, these studies found that in comparison with children from low-quality child care settings, children whose child care experience had been high quality had better peer social skills in kindergarten[27] and at age 8.[28] In Grade 1, children who had been in high-quality child care got along better with the teacher, were better able to follow multi-stage directions and better able to remain focussed on their work.[29]

The fourth American study involved 826 children from a random sample of child care centres in four different states.[30] This study is significant not only for the sample size but because the random selection of centres increased the probability of having children from a variety of social backgrounds. After controlling for the effect of family background and kindergarten experience, the study found that children who had been in better-quality child care obtained higher scores on measures of language and mathematical skills at the end of Grade 2. Across the whole sample (both children who had been in low-quality care and those who had been in high-quality centres), the children who had a close relationship with their child care teacher had better peer social skills and classroom skills in Grade 2.[31]

Summary

Two major findings emerge from the research studies reviewed in this section. First, the research does not support the view that participation in child care is necessarily harmful. Indeed, the review indicates that child care experience can be valuable, especially in regard to the development of peer relationship skills, language ability and classroom skills. Second, the research does indicate that quality of the child care is important. As illustrated by the Texas study, poor quality child care can be detrimental.

Implications for Child Care

A large body of research confirms that quality child care is associated with settings that protect children's health and safety, and with people who have a solid understanding of child development, are not responsible for too many children at a time, are working in reasonably sized groups of children, have reasonable remuneration levels and have supportive working conditions. As discussed in the following section, such conditions are lacking in many child care settings in Canada. Much work still needs to be done to obtain the access to affordable training and working conditions that support quality.

Endnotes

1. Beach, Bertrand & Cleveland, 1998, Table 1.
2. Lipps & Yiptong-Avila, 1999, p. 4.
3. Ibid., p. 5.
4. Osborn & Milbank, 1987, pp. 105–108.
5. The Peabody Picture Vocabulary Test—revised.
6. Kohen & Hertzman, 1998, Table 15.1.
7. Jacobs, Selig & White, 1992, p. 91.
8. Ibid., pp. 93-97.
9. Ibid., p. 98.
10. Doherty, 1996.
11. Raph et al., 1968; Thornburg et al., 1990.
12. Pierson et al., 1983, pp. 107–211.
13. Doherty, 1999.
14. Vandell & Corasaniti, 1990, pp. 562–569.
15. Reported in Richardson & Marx, 1989, p. 22.
16. Howes & Marx, 1992, p. 356.
17. McMahan, 1992, p. 23.
18. Richardson & Marx, 1989, pp. 34–35.
19. Howes & Marx, 1992, p. 348.
20. Doherty, 1991, p. 1.
21. Doherty, 1999.
22. Ibid.
23. Jacobs, Selig & White, 1992.
24. Goelman & Pence, 1987, p. 98.
25. Kohen, Pence & Goelman, 1999, p. 135.
26. Broberg et al., 1997, pp. 65–66.
27. Howes, 1990, p. 300.
28. Vandell, Henderson & Wilson, 1988, p. 1290.
29. Howes, 1988, pp. 55–56.
30. Peisner-Feinberg et al., 1999.
31. Ibid., pp. 7–9.

PART 4

Promoting Quality

Issue

Studies two and three of the You Bet I Care! project, conducted in 1998 and 1999 respectively in six provinces and Yukon, found that the level of quality in the majority of centre- and family-based child care settings serving children under age 6 was mediocre.[1] Seventy-one percent of infant/toddler rooms, 55.6% of preschool rooms, and 63.2% of family child care homes obtained total scores of less than 5.0 on a standard measure of overall quality.[2] This score is the cutoff point between care that meets children's basic health and safety needs, and provides some warmth and support, and care that also provides a variety of interesting, fun activities that foster children's development.[3] Seven percent or more of each of the three types of settings obtained scores of less than 3.0. A score of less than 3.0 signifies that health and safety needs are not fully met.

A recent study of 26 school-age care programs in Quebec also found that the majority of programs received scores below 5.0 on the School-Age Environment Rating Scale (a companion instrument to those used in the You Bet I Care! study).[4]

These findings give rise to three questions:

1. What conditions are required for quality child care?
2. To what extent do these conditions exist in Canada?
3. What might be done to increase the availability of conditions that support the provision of quality care and education for young children?

Elements of Quality

Twenty years of American research, starting with a multi-state study in the late 1970s,[5] have demonstrated the importance for quality of: ratio, group size, child care practitioner specialized training, centre director's training in program administration, practitioner remuneration and working conditions, and support for family child care providers.[6] A growing body of Canadian research supports the U.S. findings.

The "Iron Triangle"–Specialized Training, Ratio and Group Size

Specialized Training

Six Canadian studies have explored the effect of specialized training: three were conducted in family child care homes, two in centres serving children under age 6, and one in school-aged care.

All three family child care studies reported that providers who had postsecondary education related to child development or the provision of child care obtained higher scores on a standard measure of global quality[7] than their colleagues who lacked this background. In two studies, people with post-secondary education related to child care provision obtained higher scores than people whose post-secondary education had been in another area.[8] In the third study, the family child care part of the You Bet I Care! project, the providers highest level of education in any subject was a somewhat stronger predictor of high quality than was having completed a formal family child care-specific training course. However, the highest level of education for over half of the participating providers was in early childhood education, child care or a related subject. As a result, the impact of level of overall education may, to a large extent, be reflecting the provider having taken courses related to child care, child development or similar subjects.[9]

A study of 48 centres in the four Atlantic provinces reports a trend toward an association between higher scores on the Early Childhood Environment Rating Scale (ECERS) and teachers with higher levels of early childhood care and education (ECCE) training. However, the relationship was not statistically significant. There was also a trend for higher scores on a standard test of language development among children in centres where the teaching staff had college or university ECCE training in contrast to only some ECCE courses or no child care–related training. Centres that had directors with higher levels of ECCE education obtained significantly higher total ECERS scores.[10] Study two of the You Bet I Care! project used the revised ECERS[11] and involved 115 infant or toddler rooms and 211 preschool rooms spread across six provinces and Yukon.[12] In this study, the observed teacher's level of ECCE education substantially contributed to the measured quality in the classroom. In fact, it was the one of the strongest predictors of the level of observed quality in both infant/toddler and the preschool rooms.[13]

The sole study on school-age care explored the effect of staff qualifications on five dimensions of quality: interactions among staff and children, the balance among activities, program curriculum, the physical environment, and provisions for health and safety. Programs with the more highly qualified staff (ECCE diploma or university degree) had more appropriate physical environments.[14] No associations were found between staff education and any of the other dimensions of quality. As will be discussed later, there is some debate about whether the traditional ECCE program is the most appropriate preparation for working in school-age care.

Ratio

In study two of the You Bet I Care! project, the staff-to-child ratio in the observed room also contributed substantially to the room's score on the ECERS.[15] The study in the four Atlantic provinces did not examine the effect of ratio on ECERS' scores.

Group Size

The second study of the You Bet I Care! project did not find any association between classroom quality as measured by the ITERS or ECERS-R and group size. This finding may reflect the narrow range of group sizes in the study sample.

Remuneration and Working Conditions

The study of the 48 centres in the Atlantic provinces reports a trend for higher salaries to be associated with higher total ECERS scores, though the association is not statistically significant.[16]

Studies two and three of the You Bet I Care! project also involved collecting information about remuneration levels, benefits and other working conditions in order to explore their association with scores on the measures of global quality. In study two (centres) the researchers found that the following variables contribute to the measured quality in a classroom: salary level, the extent to which the observed teacher feels supported by her co-workers, and the observed teacher's satisfaction with the work environment.[17] In study three (family child care homes), major predictors of quality included the provider's income from child care provision in the previous year with higher income levels associated with higher quality.[18]

Support for Family Child Care Providers

An Ontario study reports that providers affiliated with an agency obtained higher scores on the Day Care Home Environment Rating Scale (the forerunner of the Family Day Care Environment Rating Scale) than a comparison group that was not sponsored by an agency.[19] Study three of the You Bet I Care! project also looked at the association between scores on the Family Day Care Rating Scale and providers' use of various support services. This study found that higher quality care was predicted both by the provider reporting that she networked with other providers on a regular basis and by the provider being associated with a child care support group or another similar program. Because of the wide variation in the supports provided by family child care agencies and the availability

Summary

The research indicates that child care quality is influenced by the interrelated factors of program structure (ratio and group size), processes that enable child care practitioners to respond appropriately to individual children (such as specialized training related to child care provision), and the work environment (remuneration and working conditions). Support for family child care providers is another very important element.

To What Extent Do Conditions Support Quality?

Provincial/territorial licensing regulations are one of the only two Canada-wide mechanisms for encouraging quality in child care. The other is specialized training. Evidence of the importance of the level of regulations, not simply their existence, comes from one Canadian and two U.S. multi-province/state studies. All report higher levels of observed quality in centres in jurisdictions that have higher requirements for ECCE education among centre staff.[20] The two US studies also found higher quality in states with stricter limits on the number of children per teacher.[21] In the Canadian study, there was little difference in regulations related to ratio across the jurisdictions involved.

As is illustrated in this section, current conditions in Canada fail to support quality and, in some cases, work against its achievement:

- None of the regulations in any jurisdiction completely complies with the ratio and group size recommendations made by the Canadian Child Care Federation (on the basis of research findings and expert opinion).
- No jurisdiction requires all centre teaching staff working with children under age 6 to have the two-year post-secondary school ECCE credential that research suggests is desirable, although Ontario and Manitoba do require that one teacher with each group have this level of training. Two jurisdictions, New Brunswick and Yukon, have no requirements for centre staff training (see Appendix A). Manitoba is the only jurisdiction that specifies any educational requirements for staff working in school-age care. Only four jurisdictions require family child care providers to obtain specialized education related to child care provision (Newfoundland, Prince Edward Island, Quebec and Yukon).
- As found in both the National Family Day Care Training Project and study one of the You Bet I Care! project, there are major barriers to both pre- and inservice education for

both family- and centre-based practitioners. These barriers include cost, shortage of certain types of training, the geographic location of educational opportunities, the times when opportunities are available (which tend to conflict with work obligations), and cultural/linguistic barriers.

- As found in both study one (on centres) and study three (on family child care) of the You Bet I Care! project, low remuneration levels work against the provision of continuity and quality care for children by contributing to job dissatisfaction, high turnover levels and experienced people leaving the child care field.
- Effective formal mechanisms for the provision of support to family child care providers are lacking in several jurisdictions.

Regulations

What Are Desirable Regulatory Levels?

RATIO AND GROUP SIZE

An American study is of particular interest because it set out to determine "the point between child care that harms children or hinders their development and child care that does not create detectable harm."[22] The research involved 643 classrooms (236 of which were infant or toddler) in 227 centres. On the basis of their findings, the researchers concluded that:

- the ratio threshold, beyond which care tended to be inadequate, was 1:3 for infants, 1:6 for children age 25 to 36 months, and 1:8 for preschoolers; and
- the group size threshold was six for infants, 12 for toddlers and 18 for preschoolers.

The researchers noted that, "Policy makers sometimes believe that simply adding one more child can't make that much of a difference. Our results suggest otherwise."[23]

On the basis of research and field experience, the Canadian Child Care Federation recommends the ratio and group size levels for centre-based care, stated in Table 1.

It should be noted that the suggested ratio for three-year-olds in a group of 14 and for preschoolers in a group of 18 is larger by one than that suggested as the threshold by the American research cited above.

The Federation has not indicated specific ratios and group sizes for family child care. Instead, in its *National Statement on Quality Child Care*, it suggests that a quality situation is one that "ensures that the number and age of the children permits any necessary evacuation."[24] This suggestion recognizes the multi-age grouping in most family child care homes and the possibility of either one or two providers.

TABLE 1

DESIRABLE ADULT-CHILD RATIOS WITHIN GROUP SIZE: CENTRE-BASED CARE

Age of Children	Group Size												
	6	8	10	12	14	16	18	20	22	24	26	28	30
0–12 mths	1:3												
12–24 mths	1:3	1:4											
2-year-olds		1:4	1:5	1:6									
3-year-olds			1:5	1:6	1:7								
4- & 5-year-olds						1:8	1:9						
5- and 6-year-olds						1:8	1:9						
6–9 years								1:10	1:11	1:12			
10–12 years										1:12	1:13	1:14	1:15

Source: Canadian Child Care Federation, 1991, p. 9

SPECIALIZED TRAINING

The Canadian Child Care Federation recommends that centre-based child care practitioners have "Formal postsecondary accredited early childhood education"[25] but does not suggest a duration. For centre-based care for children under age 6, the body of research tends to support a two-year rather than a one-year ECCE college program for entry-level positions where the practitioner is responsible for a group of children.[26] There appears to be a growing feeling that preparation to work in school-aged care should be different, in at least some respects, from that considered appropriate for working with children under age 6. However, there does not appear to be consensus about either the content or the length of such training. Some community colleges in different provinces have introduced specific modules or short courses on school-age care.[27] Nevertheless, a 1998 report recommended that "Research should be undertaken to determine the most appropriate and effective curriculum for training in school-age care."[28]

The Canadian Child Care Federation identifies the need for the family child care provider to have "An understanding of the developmental needs of children"[29] but does not suggest how this knowledge be attained. While the National Family Day Care Training Project identified considerable consensus about the necessary content for training,[30] there was less consensus about either the appropriate vehicle, that is, college or some other approach, or the desirable length.

To What Extent Do Canadian Regulations Support Quality?

RATIO AND GROUP SIZE

Information on the 1999 regulations pertaining to ratio and group size is provided in Appendix A, for centres, and Appendix B, for family child care homes.

Centre-based care for children under age 6: No jurisdiction fully complies with the Federation's recommendations for ratios and group sizes in centres, though some are close. Quebec permits a ratio of 1:5 for infants and 1:8 for toddlers; in both cases this is two children above the Federation's recommended level for the age group. While the Federation suggests no more than six infants in a group, British Columbia permits groups of 12, Manitoba and Yukon permit groups of eight, and Nova Scotia does not specify a ceiling on group size. Ratio regulations for toddlers, other than in Quebec, Saskatchewan and Yukon, are within the range suggested by the Federation. At the preschool level, permitted regulations are above those recommended by the Federation in seven provinces, usually by one child.

The situation in Quebec is of concern. Five infants or toddlers, or eight 2- and 3-year-olds, represent an extremely demanding workload for one person—a workload that would make it difficult for the adult to attend to the children's basic needs and also find time to provide them with cognitive stimulation through games and other activities. Research studies have reported an association between too many children per adult and teacher restrictiveness.[31] Adult restrictiveness, in turn, has been found to be associated with poorer language development among children[32] and poorer performance on tests of cognitive functioning.[33]

Family child care: Ratio and group size are usually the same in family child care, except in Manitoba, Quebec and Yukon where there are provisions for homes to have two providers. All jurisdictions except Nova Scotia limit the number of permitted children under age 2 or under age 3. In most cases, the upper limit is two children of this age. Yukon, however, permits four infants. It is difficult to imagine one person being able to evacuate four infants in the case of an emergency such as a fire.

School-age care: The regulations in all jurisdictions, except Alberta and Manitoba, comply with the Federation's suggested ratio and group size for children age 6 to 9 years. All, except Alberta, comply with the suggestions for children age 10 to 12 years. In Alberta, school-age care is operated by municipalities and they are permitted to set their own standards. Reported municipal ratio standards range between 1:12 to 1:15 with no difference made for the two different age groups.[34]

SPECIALIZED TRAINING

Information on the regulations pertaining to specialized training is provided in Appendix A for centres and Appendix B for family child care homes.

Centre-based care for children under age 6: No jurisdiction requires the 2-year postsecondary ECCE credential for every teacher working in a centre that has been suggested as the minimal for quality care.[35] An acceptable alternative might be a requirement that one person in every group of children have a two-year ECCE credential. The assumption behind this suggestion is that this person would provide ongoing supervision for any less trained individual also working with the children. Only Manitoba and Ontario have this requirement.

The regulations in British Columbia, Alberta, Saskatchewan and Newfoundland do require a person with some training with each group of children, but the requirement is for less than two years of ECCE education. Newfoundland requires a one-year certificate while British Columbia's requirement is a 10-month course. All staff in Alberta and Saskatchewan are required to have completed an ECCE orientation of 50 or 130 hours, respectively, unless they have an ECCE certificate or equivalent. Thus, the regulations in these two provinces do ensure that the teachers with each group of children have at least a basic orientation.

Quebec and Nova Scotia require two thirds of the staff working with children under age 6 to have a college certificate or diploma in ECCE. In Yukon, 30% of staff must have completed a one-year ECCE course and by 2000, 20% must have two years' ECCE training. The regulations in these three jurisdictions make it highly likely that there will be a trained person with each group, but fall short of requiring it. As a result, a group of children could be cared for solely by untrained people.

New Brunswick[36] and Northwest Territories do not have any educational requirements. Prince Edward Island requires only the supervisor and one staff person to have a diploma, regardless of centre size.

Family child care: Only Newfoundland, Prince Edward Island, Quebec and Yukon require family child care providers to have any specialized education related to child care. In all four, the requirement is a course lasting between 30 and 60 hours which, depending on the jurisdiction, is to be completed within the first or second year of operating a family child care home. Nova Scotia requires, and Saskatchewan "expects," family child care providers to participate in some child care professional development activity each year.

School-aged care: Most jurisdictions do not specify particular educational requirements for working in a school-age program. Instead, the regulations pertaining to centre-based care for younger children apply. The exception is Manitoba. It requires that half the staff in school-age programs have an ECCE diploma or a degree in child studies or a related discipline.

Specific training related to program administration: There are no specific requirements for a director to have ECCE education in British Columbia, Quebec, New Brunswick, Yukon or Northwest Territories. No jurisdiction requires a centre supervisor or a director to have specialized education in management, supervision or administration. However, when Canadian directors were asked whether a minimal level of training should be required for directors, 70.8% stated at least a two-year ECCE should be required and 68.2% recommended course work in administration.[37]

Requirements to participate in professional development activities: Only two jurisdictions, British Columbia and Prince Edward Island, require qualified centre-based child care practitioners to participate in ongoing professional development activities. British Columbia grants a licence to practise to individual staff. Renewal of this licence requires the person to have participated in at least 12 hours of professional development within the previous five years.[38] Prince Edward Island's regulations require that teaching staff participate in 30 hours of inservice training in every three-year period.

Accessibility of Specialized Training

Study one of the You Bet I Care! project found that 11.4% of teaching staff in centres lacked any ECCE training, 6.8% had a course lasting less than a year, and 10.4% had only a one-year course.[39] A national survey of family child care providers reported that among regulated providers 15.2% had not completed high school while the highest educational level for an additional 26.9% was a high school diploma (the study did not specifically ask regulated providers about their ECCE credentials).[40] Eleven percent of unregulated providers reported an ECCE credential (6% had a two-year diploma, 4% had a certificate, and 1% had a degree).[41] These findings indicate that a considerable number of child care practitioners do not have any formal ECCE training.

Certificates, Diplomas and Degrees

In Canada, approximately 280 institutions deliver ECCE certificate, diploma, post-diploma/certificate and degree programs through publicly funded community colleges and universities and through private institutions.[42] However, the recently completed child care sector study[43] identified the following access problems:

- **tuition fees:** This is a major barrier. With the possible exceptions of British Columbia and Yukon, community college tuition fees have increased by several hundred dollars a year for the past few years. In the same time period, student loans have decreased or remained static and are harder to obtain.[44] In addition, child care remuneration levels are low, making it difficult for graduates to repay student loans.
- **geographic location:** Most programs are provided in urban areas, making accessibility difficult for people in rural communities. Within the past decade, there has been a significant increase in the use of distance education and this approach has been used successfully to deliver both college- and university-level programs in various disciplines. However, success requires that particular attention be paid to issues of accountability, the isolation of the student and faculty training in how to use this format effectively.[45]
- **course schedules:** Programs offered only during the day conflict with work hours for child care practitioners who are employed on a full- or part-time basis. Again, this barrier can be addressed by distance education where this option is available.
- **shortage of certain types of courses:** As noted by the sector study, current community college programs tend to focus on the preschool age group and on preparing students to

work in a centre. As a result, it is difficult to obtain specific training related to infant/toddler and school-age care, children who have special needs, working with children from diverse linguistic and cultural backgrounds, or family child care. In its survey of ECCE training institutions, the sector study identified only 11 specialized child care administration certificate programs in Canada. Yet, as noted in its report, "Management and administration skills are different from the skills needed to work with young children ... these skills are necessary to child care centre directors and supervisors in carrying out their roles and responsibilities, contributing to a positive organizational climate and overall good quality of care."[46]

- **linguistic and cultural barriers:** A few institutions have begun to address this issue in relation to Aboriginal students (e.g. the Meadow Lake Indian Child Care Program developed through a partnership between the Meadow Lake Tribal Council and the University of Victoria[47] and the Clams for the Next Generation curriculum developed by the MicMac Maliseet Child Care Council of New Brunswick).[48] However, there is a need to provide more educational opportunities in the student's first language for immigrant family child care providers.

Education Specific to Family Child Care

The National Family Day Care Training Project found that training that specifically addresses the issues in family child care is simply not available in many communities. The project was able to identify only 12 community colleges that offered training specific to family child care and only four of these had distance education courses.[49] When training is available, it is often provided through child care agencies, and therefore only accessible by providers who are connected with the agency. The exception is British Columbia and, to some extent, Ontario. The B.C. government has established a network of Child Care Resource and Referral Programs with a mandate to provide a range of support services, such as training, toy and equipment lending, and provider drop-in programs. A similar type of support is available to providers in many parts of Ontario through its network of government-funded Family Resource Programs.[50]

Some caregiver associations have developed self-study programs to address the need for training specific to family child care issues and the barriers of affordability and scheduling. These include the Good Beginnings program developed by the Western Canada Child Care Association of B.C., Step Ahead developed by the Alberta Association for Family Day Home Services, and a series of workbooks and videos produced by the Family Day Care Association of Manitoba (which subsequently amalgamated with the Manitoba Child Care Association). In Quebec, the provincial téléuniversité offers a 15-hour course on setting up a family child care program and the roles and responsibilities of a family child care provider. The course materials include a video and written materials that can be used by potential providers working at their own pace or by a group with a facilitator.

Professional Development Opportunities

Even when a practitioner has basic preservice training, lifelong involvement in professional development is necessary. Our knowledge of child development is expanding rapidly and concepts of best practice are also changing. To provide high-quality care and education, practitioners need to keep up-to-date with new knowledge and concepts.

Funding cutbacks to postsecondary institutions and the end, in 1995, of the federal government's Child Care Initiative Fund (which funded both the development of educational materials and the provision of professional development activities) have reduced access to professional development.[51] The reduction or elimination of government operating grants to centres in some provinces has reduced the ability of centres to provide financial support for staff to participate in professional development and reduced the funds available for hiring substitute staff.

The You Bet I Care! project found that the proportion of centre teaching staff who reported that they had *not* participated in professional development in the previous 12 months increased from 13.0% in 1991 to 23.8% in 1998.[52] The main reasons cited for non-participation were cost (48% of people who had not participated), no information about courses or workshops (41% of non-participants), and inability to get release time (31% of non-participants).[53] A national survey of family child care providers found that the most frequently cited reasons for not participating in professional development among that group were timing conflicts with the provider's own family commitments, timing conflicts with work commitments, and cost.[54]

Remuneration and Working Conditions

Centres

In 1998, the national average annual wage for a teacher (a person with primary responsibility for a group of children and who may also supervise assistant teachers) was $22,717. In contrast, the national average annual wage was $24,018 for an elementary/secondary school teacher assistant, a person who never has sole responsibility for a group of children or responsibility for supervising others. On a provincial level, the average annual wage for a teacher was less than the average annual wage for a parking lot attendant in New Brunswick and Nova Scotia, basically the same in Alberta, Manitoba and Quebec, and only higher by less than $2,000 in British Columbia and Saskatchewan. In New Brunswick, Newfoundland and Nova Scotia, salary levels for single assistant teachers and/or teachers were below the poverty line.[55]

Wage levels for teaching staff and directors are low given their responsibility for the care and education of young children. Study one of the You Bet I Care! project found clear evidence that low wages contribute to:

- **job dissatisfaction:** Low wages and poor promotion opportunities were the most frequently cited negatives associated with working in child care.[56]
- **the need for full-time teaching staff to engage in other paid work:** Nationally, nearly one fifth of *full-time* teaching staff (17.8%) reported that they had other paid work. The majority of these people, 81.1%, said that they did this other work to supplement their income. On average, people with other paid work engaged in it for 6.7 hours a week on a year-round basis.[57]
- high staff turnover rates: Dissatisfaction with wages was the most frequently cited reason for teaching staff leaving a job voluntarily.[58] At the centre level, as the hourly wage for teaching staff increased, the turnover rate decreased. At the provincial level, in those provinces with low unemployment levels there tended to be an association between low average provincial wages and high provincial turnover rates.[59]
- **high rates of staff leaving the field:** On a Canada-wide basis, over a third of teaching staff who left their centre to take another job took a job in a field unrelated to child care (38.1%). While leaving the field was most prevalent at the assistant teacher level, teachers and supervisors also were reported as having done the same thing.[60]

Engagement in other paid work has implications for the individual's stamina and, as a result, both their ability to provide sensitive, responsive care to children and the likelihood of burnout. High turnover rates at the centre level are of concern because they interrupt continuity of care for the children, disrupt working relationships among staff, and increase the director's workload by increasing the need to recruit and orient staff. The field as a whole suffers when experienced, trained staff, such as teachers and supervisors, take jobs outside the field. This reduces the availability of trained staff and contributes to reported levels of difficulty finding qualified staff, a situation which has resulted in centres having to obtain government exemption to operate with fewer trained teachers than required by the regulations.[61]

American research has found that job dissatisfaction in centres is associated with lack of paid preparation time and lack of adult amenities such as a separate staff washroom. In 1998, 39% of assistant teachers and 54% of teachers reported having paid preparation time. A separate staff washroom, and a room set aside for staff use only, was reported by about 60% of teaching staff.[62]

Family Child Care Providers

Remuneration levels for family child care providers are harder to determine. Actual income from fees can be ascertained. However, this does not take into account either child care–related expenses such as food or income tax deductions, such as being able to deduct a percentage of the cost of utilities and repairs in the home.

A Canada-wide survey conducted in 1997 reported that nationally regulated family child care providers who worked on a full-year basis cared for an average of 5.4 children. They earned a gross annual income of about $15,600. When child care–related expenses were deducted, the annual income was estimated to be $8,400.[63] Unregulated family child care providers who provided care on a full-year basis looked after an average of four children and earned an annual gross income of about $10,400. When child care–related expenses were deducted, the annual income was estimated to be $6,400.[64] These remuneration levels are even lower than those in centre-based care.

Forty-two percent of regulated providers reported being covered through a group liability insurance plan.[65] Other than this, few people working in family child care have any benefits unless they are covered by a plan to which their partner belongs or they have purchased their own benefit, for example, disability insurance.

Formal Mechanisms to Support Family Child Care Providers

Homes Affiliated with a Family Child Care Agency

In Alberta, Ontario, Quebec and Nova Scotia, regulated family child care providers are affiliated with a licensed family child care agency that is legislatively required to do home visits (see Appendix B). The regulations in Ontario and Quebec require four visits a year while Nova Scotia has a policy requiring two visits each month. Agencies in these three provinces are also required to maintain a mechanism whereby providers can contact the agency when they need advice or assistance. Alberta used to have a policy requiring monthly visits but this may change with the transfer of responsibility for child care to the regional children's authorities. Newfoundland is in the process of regulating family child care and will give providers the option of being affiliated with an agency or being independently licensed.

The intent of home visits is to provide a knowledgeable person who forms an ongoing relationship with the caregiver and can be a source of support and advice. The home visitors in Newfoundland, Quebec and Ontario, and two thirds of them in Nova Scotia, are required to have ECCE education *or* experience working with young children, not necessarily in child care. Their ability to provide support would be better ensured if they were all required to have training related to child care provision and experience in child care, preferably in a family setting. There are no specific educational background requirements for home visitors in Alberta.

Nova Scotia requires agencies to provide 10 hours of workshops a year. Ontario requires the agency to have a training plan for each provider but does not establish minimal training requirements. Quebec "expects" agencies to provide training but does not require them to do so. In Alberta, the requirements for agencies are not written into the legislation. As a result, the new regional children's authorities which are now responsible for child care may not require this.

There may be a trend developing for agencies to charge fees for non-mandatory support services such as training and lending equipment. Key informants state that this is already being done by some agencies in both Ontario[66] and Quebec.[67] Given remuneration levels, having to pay a fee for support services presents a real barrier to access for family child care providers.

Providers Who Are Individually Licensed

The periodic monitoring visit by the licensing official is the only formal mechanism to support family child care providers in the other provinces and territories, except in British Columbia. The required frequency of the visits varies from four or five per year in Yukon to the more general annual visit (see Appendix B). The extent to which these visits can be supportive is limited in three ways. First, the frequency of visits, especially if only an annual visit, does not encourage the development of a real relationship. Second, the licensing officials, by the nature of their job, have a policing role. This may reduce the willingness of providers to confide in licensing officials or to seek their advice when having difficulties. Third, in two provinces (Prince Edward Island and Saskatchewan), the licensing official is not required to have an early childhood background. Lack of such a background would limit the official's ability to provide consultation.

In British Columbia, and to some extent in Ontario, training and other types of support are available to both regulated and non-regulated providers through government-funded programs (known as Child Care Resource and Referral Programs and Family Resource Programs, respectively). Non-regulated providers in all other jurisdictions have little or no support available unless there is a local provider network.

Implications for Child Care

While today's situation in Canadian child care is cause for concern, tomorrow's situation will be worse unless supports for child care improve. Remuneration levels are low in both centre- and family-based child care. Not surprisingly, centre staff cited low wages as a major reason for expecting to leave the field within the next three years.[68] In a recent national survey of regulated family child care providers, 39% expressed dissatisfaction with the income they earned from providing child care.[69] Experienced centre teaching staff are in fact leaving the field. Centre directors are reporting increasing difficulty in recruiting, retaining and replacing trained staff[70] and centres in some provinces are being given exemptions to continue to operate with fewer trained staff than required by the regulations.[71] This practice sets a precedent and could result in policymakers deciding to reduce legislated training requirements. In family child care, agency directors who responded to a questionnaire as part of the *You Bet I Care!* Project reported difficulties both in recruitment and retention of providers and gave low remuneration levels as one of the main reasons providers leave agencies.[72]

College tuition fees continue to rise, making it increasingly difficult for potential child care practitioners to afford post-secondary education.[73] Similarly, cost is a barrier in relation to participation in professional development activities. In several provinces, years of decreased government grants are showing up in centre facilities that need repair, and in toys and equipment that need replacing.[74]

The sector study conducted here in Canada,[75] the European Commission Network on Child Care[76] and a four-year American Task Force[77] have all noted that a system of good-quality child care can be achieved only when there is an infrastructure capable of carrying out the essential functions that enable and support desirable practices. Tinkering with isolated pieces of the ECCE system will not be sufficient. Achieving good-quality care also requires the active involvement of a range of stakeholders—parents, child care practitioners, the child care field as a whole, and both federal and provincial/territorial governments.

> *"Without a quality infrastructure, direct efforts to shore up program quality may result in short-term improvements but cannot bring about meaningful, sustainable reform."*[78]

An Infrastructure to Enable and Support Quality

Developing an infrastructure to support quality child care would take sustained commitment, planning, resources and probably considerable time. The first step is the identification of the essential functions required to enable and support desirable practices. Analysis of reports produced by the Canadian sector study, the European Commission and the U.S. Quality 2000 Task Force suggests the following eight essential functions:[79]

1. Parent and public information and engagement: Parents have an immediate and personal stake in high-quality, affordable child care and may be the single most credible advocacy group to influence public opinion. As noted by one U.S. expert, when child care practitioners advocate alone they may be seen as promoting their own self-interest. On the other hand, care providers and parents advocating together could form a substantive and effective coalition.[80] In the United States, an informed and empowered parent movement is credited for the successful enactment of the *Individuals with Disabilities Education Act* with its resultant provision for publicly funded education and related support services for all children with disabilities.[81]

Public policy and legislation reflect the prevailing social and political ideologies. In Canada, recent government trends at the federal level and in many provinces have been toward an emphasis on individual responsibility and a weakening of the previous commitment to universality. There is little chance of a national commitment to affordable, quality child care without a broad-based constituency supporting the concept of shared responsibility for young children and equal access to supports that assist families in their child-rearing role. Given the current political climate, developing such a constituency requires a massive public education program to assist the general public to understand what young children need, to recognize the social and economic importance of meeting those needs, and to appreciate what is at stake when children spend their days in poor-quality child care.

2. A national policy framework: The provinces and territories have primary responsibility for child care and establish their own regulatory standards and funding policies. Currently, they do so in the absence of a national vision for child care or even basic agreement on its purpose (e.g. is it to assist children's development or simply to keep them physically safe while parents work?) The result is a fragmented patchwork of services with substantial variations in availability, affordability and quality.[82] This situation is unlikely to change unless there are, at a minimum, clearly articulated national principles and goals for service along the lines of what exists for health care.

In February 1999, the federal government and nine provincial governments signed the *Framework to Improve the Social Union for Canadians* (Quebec did not sign). This agreement sets out certain principles, including a commitment to "endur[ing] access for all Canadians, wherever they live or move in Canada, to essential social programs and services of reasonably comparable quality" and codifies the rules under which federal funds could be used for social programs, such as child care (see Appendix C). It has been argued that the provisions of this agreement and Quebec's child care initiative provide a new opportunity for federal/provincial negotiations around national child care principles and for the provision of some federal government funding.[83] This is likely to happen only if both levels of government can be convinced that child care is an essential service that all Canadians should be able to access.

3. Predictable, assured, adequate levels of funding: As noted earlier, current low remuneration levels work against the provision of quality. The fees that parents can afford to pay cannot provide remuneration levels commensurate with the skills required for the provision of care that fosters children's development. This has been recognized by the Quebec government, which has also recognized its responsibility for the well-being of young children living in the province. By September 2000, Quebec will complete the implementation of its province-wide "five-dollars-a-day" program for all children under age 5. The parents pay a daily rate of $5 in any regulated centre or family child care home with the balance of the actual cost being covered by a provincial government grant. Parents who cannot afford $5 receive a fee subsidy. The payment of grants directly to programs, rather than to parents, increases revenue predictability and stability and thus facilitates long-term planning by programs.

There is also a need to fund an infrastructure for child care. National and provincial/territorial organizations can play a valuable leadership role (e.g. in the development of credentialling programs) and also provide a variety of supports for the field. However, to do so, they need a stable base of funding over and above what can be obtained through membership fees. Similarly, training institutions cannot address the barrier of high tuition fees on their own; they need either additional government funding or financial assistance must be provided to individual students.

4. Mechanisms for professional and workforce development: The provision of high-quality child care requires a solid base of knowledge and skills.[84] These are developed, in part, through postsecondary pre- and inservice education related to child development and the provision of child care. There is a need to address the current accessibility problems faced by people wishing to obtain preservice ECCE education (e.g. tuition cost, the geographic location of programs and course schedules). This suggests the need for greater use of non-traditional approaches, such as distance education, mentoring, internships, prior learning assessment and recognition, and competency-based training. The sector study specifically noted a need to address current gaps in training such as family child care, infant and school-age child care, and care for children from diverse ethnocultural communities. There is also a need for expanded opportunities to take courses in program administration.

Professional and workforce development requires more than access to educational opportunities. Lack of promotion opportunities is a major negative associated with working in child care and may contribute to experienced people leaving the field. There is a need for mechanisms that provide new and stimulating roles for experienced people that will encourage them to remain in child care while also developing the workforce. Such opportunities might include involvement as mentors, involvement in curriculum design and/or the delivery of pre- and inservice training, and opportunities to be associated with research projects. There is a clear role for child care organizations in the development of these sorts of career "ladders" and "lattices."

5. Mechanisms for quality assurance: Processes and procedures are required to increase the likelihood that child care settings and child care practitioners promote the health, safety and development of all children in their care. Such mechanisms include provincial/territorial standards based on current knowledge of best practices. Current regulations in all jurisdictions in Canada fail to require levels deemed desirable by experts in one or more of the following: ratio, group size and practitioner specialized training. Yet, such standards do exist for schools and teachers at the elementary and secondary levels. It is also essential to recognize and act on the fact that regulations are effective only if compliance is monitored by trained, experienced people and the regulations are enforced.

Regulations and assuring compliance with them is not sufficient. These mechanisms need to be supplemented by non-regulatory methods, such as self/peer assessment and voluntary credentialling of individual practitioners. Standards of practice and a national code of ethics, drafts of which have been developed by the Canadian Child Care Federation, form the base of such non-regulatory mechanisms.

6. Ongoing support for child care practitioners: Mechanisms are required to disseminate information based on current knowledge of best practice and recent research findings; provide practical assistance such as inservice training, consultation pertaining to specific service delivery and/or administrative issues, or the lending of large pieces of equipment; and provide practitioner networking and/or formal mentoring programs. The U.S. Quality 2000 Task Force particularly emphasized the importance of support for family child care because of its decentralized nature and the potential isolation of providers.[85] Quebec's initiative of linking family child care homes to centres represents an interesting experiment for providing support to this sector and one that should be observed and evaluated.

7. Collaborative planning and across-system linkages: In Canada, care and education services for young children are provided through a variety of government departments. Child care services usually come under the jurisdiction of the provincial/territorial social or family services department or ministry while kindergarten is the responsibility of the department or ministry of education. Community Action Programs for Children (CAP-C) and Aboriginal Head Start programs are funded by the federal government, as are on-reserve child care services. These various programs operate under different regulations and have different funding levels and mechanisms. Services for young children are also provided through the public health system, municipal recreation programs and child welfare services.

To effectively support children and their families, these services need to be organized in a coherent and coordinated manner. This is possible only where there are mechanisms to support and enable effective communication among early childhood care and education services and between them and related services. While communication is a good first step, joint planning is also required and this, in turn, requires good data collection and periodic assessment of the extent to which services are available, accessible and affordable across the system. Mechanisms for collaborative planning and across-system linkages are needed at each of the community, provincial/territorial and national levels. Some already exist (e.g. voluntary children's services committees in some communities, Alberta's government-appointed children's services authorities, and British Columbia's Ministry for Children and Families).

8. Research and development: The final essential function requires the resources and skilled people to examine key questions that influence good practice and to further knowledge related to quality child care. The sector study specifically recommended the development and implementation of a strategy for an ongoing Canada-wide collection and synthesis of basic data on child care and continued funding for child care and related research, evaluation and innovation.[86] However, data collection and conducting research studies are not enough. The results must be synthesized and shared in a fashion that will inform practice, promote public education and assist in policy development, including the development of funding policies and approaches. There would appear to be a primary role for the federal government in encouraging provincial/territorial collection of basic data on an ongoing basis, perhaps annually, and in the funding of research. The child care community could take major responsibility for the dissemination of research findings and their use for public education.

Endnotes

1. Goelman et al., 2000, for centre-based and Doherty et al., in press, for family child care homes. The jurisdictions involved in each study were Alberta, British Columbia, Saskatchewan, Ontario, Quebec, New Brunswick and Yukon.
2. Overall quality was measured by one of the following: the Infant/Toddler Environment Rating Scale, the Early Childhood Environmental Rating Scale, or the Family Day Care Environment Rating Scale. All three instruments were developed by Dr. Thelma Harms and colleagues (1989, 1990, 1996, 1998) and all have been used extensively in research studies.
3. The definition of the level of quality indicated by each score comes from Helburn, 1995, Executive Summary, p. 2, and is based on a consensus among the child care experts who were involved in that study.
4. Baillargeon, Larouche & Roy, 1999, p. 215.
5. Ruopp et al., 1979.
6. For a review, see Doherty, 1999.
7. The Family Day Care Environment Rating Scale or its predecessor.
8. Stuart & Pepper, 1988, pp. 106–107; Pence & Goelman, 1991, pp. 113–116.
9. Doherty et al, in press.
10. Lyon & Canning, 1995, pp. 44–45.
11. Harms, Clifford and Cryer, 1998.
12. Goelman et al., 2000. The provinces were British Columbia, Alberta, Saskatchewan, Ontario, Quebec and New Brunswick.
13. Ibid, Table 5.12.
14. Park, 1992, p. 38.
15. Goelman et al., 2000. Table 5.12.
16. Lyon & Canning, 1995, p. 48.
17. Goelman et al., 2000, Chapter 5.
18. Doherty et al, in press.
19. Pepper & Stuart, 1992, pp. 112–114.
20. Phillips, Howes & Whitebook, 1992; Helburn, 1995; Doherty & Stuart, 1996.
21. Phillips, Howes & Whitebook, 1992; Helburn, 1995.
22. Howes, Phillips & Whitebook, 1992, p. 450.
23. Ibid., p. 458.
24. Canadian Child Day Care Federation, 1991, p. 25.
25. Ibid., p. 3.
26. Goelman, in press.
27. Jacobs & Mill, 1998, pp. 36–37.
28. Ibid., p. 44.
29. Ibid., p. 19.
30. Dunster, 1998, pp. 18–19.
31. Howes, 1983; Howes & Rubenstein, 1985; Whitebook, Howes & Phillips, 1990.
32. McCartney, 1984; Berk, 1985; Bryant, Peisner-Feinberg & Clifford, 1993.
33. Clarke-Stewart, 1987.
34. Jacobs & Mill, 1998, p. 19.
35. Goelman, in press.

36. New Brunswick is planning to require that either the director or one staff in four have a one-year ECCE credential. This is an either/or situation. If the director has the credential, no staff will be required to have a one-year course. If one in four staff has the one-year course, it will not be required for the director (Dianne Lutes, personnel communication).

37. Doherty et al., in press. Based on statistics from study one of the You Bet I Care! project.

38. Bertrand & Beach, 1998, p. 56.

39. Doherty et al., 2000, Table 4.3.

40. Goss Gilroy Inc., 1998a, p. 11.

41. Ibid., 1998b, p. 12.

42. Beach & Bertrand, 1999, p. 102.

43. Beach, Bertrand & Cleveland, 1998, pp. 102–110.

44. Doherty, Friendly & Oloman, 1998, p. 36.

45. Brown-McLean & Morris, 1999.

46. Beach, Bertrand & Cleveland, 1998, p. 107.

47. Pence & McCallum, 1994.

48. Brown-McLean & Morris, 1999.

49. Dunster, 1998, p. 8.

50. Ibid., p. 9.

51. Beach, 1999, pp. 181–182.

52. Doherty et al., 2000, Table 6.4.

53. Ibid., p. 77.

54. Goss Gilroy Inc., 1998b, p. 15.

55. Doherty et al., 2000, Table 6.4.

56. Ibid., Table 7.2.

57. Ibid., p.77.

58. Ibid., p. 102.

59. Ibid., Table 13.4.

60. Ibid., Table 8.9.

61. Pat Wege, Manitoba Child Care Association (associated with the Family Day Care Association of Manitoba), personal communication. This is of particular concern in Manitoba where an estimated 25% of centres are operating under these conditions.

62. Doherty et al., 2000, section 6.4.

63. Goss Gilroy Inc., 1998a, p. 31.

64. Ibid., 1998b, p. 28.

65. Ibid., 1998a, p. 34.

66. Lee Dunster, personal communication.

67. Jocelyn Tougas, personal communication.

68. Doherty et al., 2000, p. 92.

69. Goss Gilroy Inc., 1998a, p. 10.

70. Doherty et al., 2000, Section 12.3.

71. Pat Wege Manitoba Child Care Association, personal communication.

72. Doherty et al. in press.

73. Doherty, Friendly & Oloman, 1998, p. 36.

74. Comments from research assistants who conducted the centre observations for the You Bet I Care! project.

75. Beach, Bertrand & Cleveland, 1998.

76. European Commission Network on Childcare, 1996a.

77. Kagan, 1993.

78. Cohen & Kagan, 1996, p. 335.

79. Cohen & Kagan, 1996; European Network on Childcare, 1996a,b; Beach, Bertrand & Cleveland, 1998.

80. Modigliani, 1994, p. 33.

81. Phillips, 1996, p. 52.

82. Doherty, Friendly & Oloman, 1998.

83. Friendly, in press.

84. These have been identified in the Canadian Child Care Federation's *Standards of Practice for Practitioners in Early Childood Settings*, in press.

85. Kagan & Cohen, 1996.

86. Beach, Bertrand & Cleveland, 1998, p. 143.

PART 5

Funding Child Care

Issue

The current approach to funding child care services works against fostering children's development in a number of ways. These include, but are not limited to, failure to address the lack of affordable regulated care experienced by many middle-income families; failure to provide a stable funding base for individual child care programs, contributing to current low remuneration levels and lack of benefits for child care practitioners; and contributing to care provider turnover.

Current Government Funding for Child Care Services

Currently, governments use three different approaches to fund child care services:

- the provision of tax relief through the federal government's Child Care Expense Deduction (CCED) and the Ontario government's Child Care Tax Credit for employed parents who use child care. Quebec's Child Care Expense Deduction is being phased out as the province implements a flat $5 a day parent fee for child care;
- fee subsidies for low-income families paid by provincial/territorial governments, except in Ontario where they are paid by municipal governments; and
- recurring grants from provincial/territorial governments paid directly to child care programs.

Income Tax Provisions

In two-parent families, both parents must be in the labour force, in full-time higher education, or in a job training program in order to claim the federal CCED. The same eligibility criteria pertain to lone parents. In 1999, child care costs up to $7,000 a year for a child under age 7 could be deducted from a parent's earned income when determining federal income tax payable. Up to $4,000 a year could be deducted for children aged 7 to 16.[1] Except in Quebec, the parent claiming the deduction must be the lower-income parent and the amount claimed cannot exceed two thirds of the parent's earned income. Costs incurred in either unregulated or regulated care are eligible as long as the parents can produce a receipt. The Ontario Child

Care Tax Credit provides an additional maximum of $400 deduction a year.[2] It also requires that the claimant be able to produce a receipt and allows the funds to be used in either regulated or unregulated care.

In 1998, the median[3] annual full-time fee for infant care in a centre varied from $4,560 in New Brunswick to $9,396 in Ontario.[4] Fees for toddlers and preschoolers were somewhat lower. An average family with two preschoolers would have to pay almost one quarter (23%) of its income up front for child care before receiving a CCED refund the following year.[5] Since the CCED also applies to unregulated care, low- and middle-income parents have a strong incentive to purchase this usually less expensive form.

The CCED is of most benefit to high-income parents. Calculations based on the Canada Customs and Revenue Agency's *Taxation Statistics* indicate that the CCED is most often claimed for children with a parent who is a middle-income taxpayer. In many cases, this actually means that the family is high-income because, in two-parent families, the CCED can be claimed only if both parents work, and only by the parent with the lowest income (except in Quebec).[6] The limit on the claim of no more than two thirds of the earned income of the lower-income parent also means that higher-income individuals can claim a greater amount.

Because the provinces and territories levy their taxes as a percentage of federal taxes payable, with the exception of Quebec, a reduction in federal income tax revenue automatically reduces provincial/territorial income tax revenues. This, in turn, reduces provincial/territorial potential to fund child care services (which are a provincial/territorial, not a federal responsibility).

In summary, the income tax deductions for child care expenses:

- fail to adequately address the barrier of the cost of regulated care faced by low- and middle-income families;
- inadvertently provide an incentive to use unregulated care because it is generally less expensive. While some unregulated care may be of very high quality, unregulated settings do not have to meet even basic health and safety standards. This raises the issue of the effect on young children of spending nine or so hours a day in an unregulated setting;
- do nothing to build or support the regulated child care system or to provide a stable funding base for individual regulated programs (since they compensate parents for the cost of either unregulated or regulated care and act as an incentive to use the unregulated system);
- reduce provincial/territorial income tax revenues, except in Quebec, and therefore the potential of the provincial/territorial governments to fund child care;
- fail to provide a mechanism for ensuring accountability for the use of public funds (the CCED represents forgone income tax, therefore, in a sense it is public money); and
- contribute to inequities by being of more value to higher-income earners.

Fee Subsidies

The fee subsidy program is a form of social assistance restricted to families deemed to be in financial need or likely to become so. The terms of the Canada Health and Social Transfer (CHST), through which Ottawa transfers money to the provinces and territories, allow each jurisdiction to determine its own family income ceiling beyond which a child cannot receive a subsidy. In most jurisdictions, the income ceiling is such that middle-income families are not eligible for even a partial subsidy.

In the mid-1990s, 35% of families on social assistance had children in regulated care in comparison to only 19% of other families with a mother employed or engaged in an educational program. Thirty-one percent of children in families with an annual income under $30,000 were in centre care while only 17% of children from families with higher incomes were receiving this type of care.[7] The result is a two-tiered system which essentially excludes middle-income families from regulated care. High-income families can afford to pay the full fee and low-income families are eligible for a fee subsidy.

All provinces and territories have a program to subsidize child care fees for low-income parents who meet specified criteria. However, the availability of a fee subsidy is limited either by a ceiling on the total fee subsidy budget or on the total number of families that can receive the fee subsidy in five provinces (Newfoundland, Prince Edward Island, New Brunswick, Ontario, Saskatchewan).[8] As a result, some parents in these provinces may not be able to obtain a fee subsidy even though their income level qualifies them for this assistance.

Even when a full-fee subsidy is available, its value may not have kept pace with increases in fees, or barely kept pace. For example, in Manitoba the maximum fee subsidy amount did not increase between 1993 and 1998.[9] However, between 1991 and 1998 the average fees for centre care in that province rose by 36.1% for infants, 20.5% for toddlers and 15.8% for preschoolers.[10] In Alberta, fee subsidy levels for centre-based infant care rose from $280 to $475 a month between 1989 and 1998,[11] an increase of $195. However, the average full-time fee in centre care for infants increased from $326 to $524 (an increase of $198) between 1991 and 1998.[12]

In summary, the fee subsidy program:

- assists in making regulated care affordable for low-income families;
- acts as an incentive to use regulated child care through policies restricting the use of a fee subsidy for regulated care, except in British Columbia.[13] Thus, it provides financial support for the regulated system;
- provides some centres with the majority of their revenue, thus acting in essence as a stable funding base for them. However, when a centre obtains the majority of its revenue through a fee subsidy it may no longer have a mix of children from different economic

backgrounds. This fact can have programming implications. In 1998, 23.0% of centres across Canada reported that three quarters or more of their children were receiving a fee subsidy, with a high of 57.2% of centres in Saskatchewan;[14]

- fails to address the problem of the affordability of regulated care for middle-income families; and
- contributes to inequities across jurisdictions: first, through differences in the actual availability of a subsidy for eligible families and, secondly, through the extent to which the amount of subsidy covers the actual fee and keeps pace with fee increases.

Recurring Grants

During the 1980s, there appeared to be a growing recognition that quality child care was an essential service for families across the whole economic spectrum and one that should receive some public funding. By 1989, both territories and all 10 provinces provided some form of annual operating grant to regulated programs and most also provided capital and/or equipment grants.[15] However, between 1989 and 1999:[16]

- Recurring provincial government grants to centres were eliminated in New Brunswick (in 1995) and in Alberta (in 1999). In both provinces, the elimination of the grants was preceded by cutbacks in previous years.
- Recurring grants were suspended in Newfoundland in 1993. However, equipment grants were reinstated in late 1999.
- Operating (maintenance) grants for centres were frozen in Prince Edward Island in 1992 and in Yukon in 1995. This means that centres opening after 1992 and 1995, respectively, can obtain a grant only if a centre that was receiving a grant closes;
- Major and minor capital funding for centres was cancelled in Ontario in 1995 and the wage enhancement grant was capped the following year. This means that new centres cannot obtain it and centres that are receiving the wage enhancement grant cannot obtain additional funds if their teaching staff complement increases.
- Government funding was restructured in Manitoba in 1991 and, in the process, the salary enhancement grant was reduced.

The aftermath of the reduction and elimination of recurring grants in Alberta is particularly instructive. The stated intent of the grant elimination was the transfer of the funds into the fee subsidy program to enable both an increase in the actual subsidy amount and a higher income ceiling for eligibility. This, in turn, was supposed to make regulated child care more affordable for a greater number of parents. Between 1993 and 1998, the maximum subsidy for infant centre care increased by $103 a month and for older preschool-age children by $80 a month. The income ceiling for at least a partial subsidy increased from $37,970 a year to $45,720 a year.[17] However, between 1991 and 1998, the cost of infant care rose by $198 and preschool care by $118 a month.[18]

In 1998, Alberta centres had the highest average child vacancy rate (19.5%) of all jurisdictions and the highest proportion of centres with a vacancy rate of over 20% of capacity (41.5% of centres).[19] Centres cannot survive with high vacancy rates so it is not surprising that Alberta is losing regulated spaces. In 1995, Alberta had an estimated 154,181 children under age 6 with a mother in the paid workforce and reported 51,088 centre and regulated family child care spaces for this age group. In 1998, Alberta reported having 47,033 regulated spaces for children under age 6.[20] Thus, the decreased funding which preceded elimination of the recurring grants was accompanied by a loss of regulated spaces in a province that was unable to meet its probable need.

There are a few bright spots:

- Quebec is implementing a $5 a day fee for any parent using regulated centre- or family-based child care. This will extend from birth through age 4 by September 2000, with all 5-year-olds being eligible for free-to-the-user full-day kindergarten. Parents who cannot afford the $5 a day fee will be eligible for a low-income subsidy. The difference between the revenue obtained from parents and the cost of service provision is paid through a grant from the provincial government. Once sufficient spaces are available, this program will give all parents the opportunity to use regulated child care. It represents a substantial investment of public money into the regulated child care system.
- Quebec has announced that it will fund wage increases for both centre- and family-child care providers.[21]
- Wage enhancement grants were instituted in British Columbia in 1995 and in Saskatchewan in 1996.[22]
- A 2% increase in the infant incentive grant was instituted in Nova Scotia in 1998.[23]
- Recurring grants were reinstated in Newfoundland in late 1999.
- In Manitoba, where the provincial government sets the maximum fees for all children in funded centre- or family-based child care programs, the permitted fee was increased in January 2000 for those family child care providers who have postsecondary early childhood care and education.[24]

In summary, in the past decade one provincial government (Quebec) has implemented major public funding for child care and two provincial governments have instituted wage enhancement grants. In all other parts of the country, except Nova Scotia, there have been cutbacks of one sort or another in government recurring grants to child care programs. In Alberta, this was accompanied by a loss of regulated spaces for children under age 6.

Sources of Revenue for Child Care Services

In 1998, on a Canada-wide basis, the average child care centre obtained 49.2% of its revenue from parent fees, 30.5% from government fee subsidies, and 17.5% from government recurring grants. These three categories accounted for 97.2% of revenue. The two other sources were centres' own fund raising, 1.9%, and assistance from corporate sponsors, 0.5%. A small number of centres, 14.1% nationally, reported receiving both subsidized or free rent and utilities.[25]

Family child care providers obtain all their revenue from parent fees and government fee subsidies, except for those working in Ontario and Quebec. In Ontario, family child care agencies receive a provider wage enhancement for providers in their agency. In Quebec, the province pays a grant to cover the difference between the parent's $5 a day and a set rate depending on the age of the child.

In centres, the average percentage of funding across each revenue source varies by jurisdiction. In 1998, full-fee parents contributed 82.1% of the average centre revenue in Newfoundland and 72.7% in Nova Scotia. However, in Manitoba parent fees accounted for only 33.9% of the average centre's revenue while in Saskatchewan they accounted for 38.3%. Fee subsidy accounted for over a third of the average centre's revenue in Manitoba (40.3%), British Columbia (38.5%), Alberta (36.2%), Saskatchewan (35.0%) and Ontario (34.1%). At the other end of the spectrum, fee subsidy accounted for only 18.9% of the average centre's revenue in Quebec, probably reflecting the start of the implementation of the $5 a day program, and 14.4% in Newfoundland.[26] The low percentage of revenue coming from fee subsidy in Newfoundland may in part reflect the low family income ceiling for full subsidy in that province ($11,000 a year for a two-parent family with two children).[27] The amount of revenue coming from government grants other than fee subsidy varied in 1998 from 33.0% in Quebec (a reflection of the $5 a day program), 21.7% in Saskatchewan and 21.6% in Manitoba to 1.9% in New Brunswick and nil in Newfoundland.

In summary, child care programs in Canada are heavily dependent upon parent fees and fee subsidy for their revenue, except in Quebec.

Implications for Child Care

The combination of income tax deductions for parents, fee subsidization and government recurring grants to programs fails to ensure that regulated child care is affordable for low- and middle-income parents. The income tax deduction in fact may act as an incentive to use unregulated care. As a result, it does not support the regulated care system or provide stable funding for individual regulated programs. The heavy dependency for program revenue upon parent fees and fee subsidization, except in Quebec, forces services to keep fees low. The failure to address affordability, and the need to keep fees low, both have negative ripple effects.

Failure to Address Affordability Issue for Middle-income Families

The implications of this include:

- **fewer child care choices for middle-income parents:** When regulated care is not affordable, parents have two choices. They can decide to use unregulated care, or if concerned about this option, one parent or the lone parent can temporarily leave the paid workforce to care for the child(ren). When a parent withdraws from the paid workforce, not only is there a loss of immediate income, there may also be loss of pension income from the Canada or Quebec Pension Plan. Loss of career advancement opportunities may also occur.
- **a greater probability of being in unregulated care for children from middle-income families** than for children from low- or high-income families: As noted earlier, children's experiences in the first few years are very important for their development and later competence. Unlike regulated settings, unregulated settings do not have to meet any standards. As a result, they lack requirements for elements such as caregiver-to-child ratio and care provider specialized training that are known to increase the likelihood of quality care. In addition, they are not monitored by home visitors or government licensing officials. Young children in full-time care spend about nine hours a day, five days a week in that setting. For very young children, this represents a greater amount of their waking hours than is spent with their family. Research studies indicate that a two-parent, middle-income home with parents who have high school or higher education cannot compensate for the effect of being in poor-quality child care on a full-time basis.[28] This is hardly surprising if the child is spending most of his or her waking hours in a situation that lacks adequate opportunities for social, language and cognitive stimulation.
- **a preponderance of children from lower-income families in some settings:** This may have programming implications (e.g. a need to address lower language skills among children from low-income families). These programming implications may, in turn, have financial implications.
- **an increased likelihood of high child vacancy rates** (vacancy rate refers to the number of vacant spaces relative to the number of licensed spaces): In 1998, 41.5% of centres in Alberta, 32.0% in Nova Scotia, and 31.2% in New Brunswick reported child vacancy rates of over 20%. Neither Alberta nor New Brunswick provide recurring operating grants. In contrast, the average vacancy rate in Quebec was 2.8% and only 2.6% of centres had a vacancy rate over 20%. On a Canada-wide basis, 49% of directors who had vacancies cited parent inability to afford the fees as a major reason for their vacant spaces.[29]

Need to Keep Fees as Low as Possible

Regulated services must retain the required caregiver-to-child ratio to remain licensed, even if provincial/territorial funding is decreased or remains static while costs increase. Since the number of caregivers cannot be reduced, the only alternatives are to raise fees or maintain low remuneration levels and provide few benefits. Raising fees may result in high child vacancy rates with the result that the program is no long financially viable. This, in turn, may lead to it closing with job loss for the care provider(s) and a decrease in the availability of regulated care in the community. Thus, centres and regulated family child care homes are under great pressure to keep fees artificially low. Unregulated family child care providers are in a similar bind. To stay in operation, they cannot have fees higher than those charged by regulated homes.

Artificially low fees that do not cover the true cost of providing care and education translate into extremely tight program budgets. This has the following effects:

- **practitioners subsidize the actual cost of quality care through low remuneration levels:** Cost subsidization through low wages in centres in the United States has been found to vary in worth from US$153 per child per month to U.S.$535 per child per month depending on the type of centre and the age of the children in question.[30]
- **poor morale and high turnover:** Study one of the You Bet I Care! project found clear evidence that low wages contribute to poor staff morale and staff turnover rates. Dissatisfaction with wages was the most frequently cited reason for teaching staff leaving the field. At the centre level, as the hourly wage for teaching staff increased, the turnover rate decreased. At the provincial level, in those provinces with low unemployment rates there tended to be an association between low average provincial wages and high provincial turnover rates.[31] In a recent study of regulated family child care providers, 39% expressed dissatisfaction with the income they were earning through child care.[32]
- **stress for children as the result of disruption to the continuity of relationship between care provider and child:** There is also a negative effect on children when a program's tight budget restricts the availability of funds for program materials and for activities that foster development.
- **increased workload for centre directors and family child care agencies** associated with having to recruit and orient new people.

Can Canada Afford to Make a Substantial Commitment of Public Money for Child Care?

The short answer is yes. As demonstrated by Quebec, a substantial commitment of public funds for child care can be made when there is the political will to do so.

Two University of Toronto economists (Cleveland and Krashinsky) have calculated the benefits and costs of providing universal, publicly funded child care for all children in

Canada in the 2- to 5-year age range. They concluded that the incremental benefits to society as a whole would be $2 gained for every dollar of public money spent.[33] Thus, public funding can be justified on the basis that there would be substantial benefits to all taxpayers. Their assumptions were that:

- current government expenditures on child care (tax deductions which represent approximately $335 million in forgone revenue and funds used for fee subsidy) would continue to be used for child care;
- there would be a parent contribution of up to 20% (with fees scaled to income so that low-income families would pay less);
- there would be substantial developmental benefits for children who moved from unregulated to regulated care. This would translate into public money that did not have to be spent (e.g. higher levels of school-readiness at school entry would result in a reduced need to spend public money for remedial programs in elementary school); and
- increased income taxes would be generated by the increased ability of parents to participate in the paid workforce as a result of the availability of affordable and reliable child care.

Cleveland and Krashinsky based their cost calculations on a scenario where all children in the 2- to 5-year age range would be enrolled in regulated care, but some only on a part-time basis; an average annual salary for child care providers of $30,000 plus benefits worth an additional $6,000; and an average ratio of 1:7 (on the basis that most children would be age 3 or above). They also expressed the expectation that "Required average skill levels of child care providers would be higher than what is presently mandated in Canadian child care facilities."[34] It should be noted that the above did not include any costing out of an infrastructure for the child care system.

Cleveland and Krashinsky are not alone in maintaining that Canada has the ability to develop an affordable, high-quality child care system for all children needing child care. Analysts from the Canadian Policy Research Networks have pointed out that funnelling the approximately $335 million the federal government "spends" on the CCED and redirecting the funds currently used for fee subsidies and child care grants as part of job training would go a long way toward financing a national program.[35] They suggested that additional funding might be obtained through government incentives that encouraged employers to provide or partially fund child care for their employees.

Endnotes

1. Canada Customs and Revenue Agency, 1999.
2. Jenson & Stroick, 1999, Table 4.
3. The median is that point at which an equal number of cases fall above and below the value indicated.
4. Doherty et al., in press, Chapter 10.
5. Beach, Bertrand & Cleveland, 1998, p. 28.
6. Doherty et al., 1995, pp. 16–17.
7. Jenson & Thompson, 1999, p. 6.
8. Childcare Resource and Research Unit, in press.
9. Childcare Resource and Research Unit, 1997 for 1995 information, and in press for 1998 information.
10. Calculations based on information from Table A48, Canadian Child Day Care Federation/Canadian Day Care Advocacy Association, 1992 and Doherty et al., in press, Chapter 10.
11. Childcare Resource and Research Unit, 1990, and in press.
12. Doherty et al., in press, Chapter 10.
13. Childcare Resource and Research Unit, in press.
14. Doherty et al., in press, Chapter 9.
15. Childcare Resource and Research Unit, 1990.
16. Information from Appendix E, Doherty et al., in press, on the basis of Canada-wide interviews conducted in fall 1998 and updated through personal contacts in fall 1999.
17. Childcare Resource and Research Unit, 1994, for 1993 information, and in press for 1998 information.
18. Calculations based on information from Table A48, Canadian Child Day Care Federation/Canadian Day Care Advocacy Association, 1992 and Doherty et al., in press, Chapter 10.
19. Doherty et al., in press, Chapter 12.
20. Childcare Resource and Research Unit, 1997 for 1995 information, and in press for 1998 information.
21. Jocelyn Tougas, personal communication.
22. Doherty et al., in press, Appendix E.
23. Ibid.
24. Marie Rosset, personal communication.
25. Doherty et al., in press, Chapter 10.
26. Ibid.
27. Childcare Resource and Research Unit, in press.
28. Peterson & Peterson, 1986; Vandell, Henderson & Wilson, 1988; Howes, 1990.
29. Doherty et al., in press, Chapter 12.
30. Culkin, Morris & Helburn, 1991, p. 77.
31. Doherty et al., in press, Chapters 8 and 13.
32. Goss Gilroy Inc., 1998a, p. 10.
33. Cleveland & Krashinsky, 1998, pp. 70–71.
34. Ibid., p. 56.
35. Jenson & Stroick, 1999, p. 24.

PART 6

Targeted Versus Universal Child Care

> *"Strong relationships and stimulating, loving care in children's early years establish the best foundation for their growth and development. Efforts to enhance conditions that promote healthy development and reduce risks in early childhood – up to the age of 6 – can support a strong foundation for children in their later years. They could be a special focus of a National Children's Agenda."*[1]

Issue

The stage is set to enable the development of a national[2] and universal[3] child care program. However, the trend over the 20 years has been one of shifting government money from universal to targeted programs.[4] Thus, any new funds for a child care program as part of the National Children's Agenda might be restricted to a target population. If this were to occur, we would once again miss the opportunity to develop a program that would benefit all young children and their families.

The Stage Is Set

The federal government has got its financial house in order and is predicting a budget surplus for fiscal year 1999-2000. It anticipates that budget surpluses will be the norm for many years to come. As a result, there is money at the federal level for the development and continued funding of children's programs such as child care. However, child care is considered to be a provincial/territorial responsibility and the federal government will not act unilaterally on this issue. Fortunately, two federal-provincial/territorial agreements have set the stage for negotiations among the federal and the provincial/territorial governments that could lead to a national child care program. These agreements are the National Children's Agenda and the Social Union Framework Agreement. Together, they provide both a mechanism for the development of goals and objectives for a national program and a mechanism for the transfer of federal funds to the provinces and territories for social services.

National Children's Agenda

The Ministerial Council on Social Policy Reform and Renewal was formed by the provinces following the Annual Premiers' Conference in 1995. This council recommended that all provinces and territories cooperate to create a national agenda for social policy renewal. During 1996, this recommendation was accepted by the federal government, both territories and all provinces except Quebec. The ministerial council then became the Federal-Provincial-Territorial Council and added representation from the federal government.[5]

In December 1997, the prime minister and the premiers of the two territories and all provinces except Quebec agreed to work collaboratively on new approaches to meet children's needs through a National Children's Agenda (NCA). In the October 1999 Speech from the Throne, the federal government set itself the objective of reaching agreement with all the other governments on a national plan for the NCA by December 2000. This plan "[W]ill set out common principles, objectives and fiscal parameters for all governments to increase resources and further strengthen supports for early childhood development."[6] Common Canada-wide principles and objectives are essential building blocks for any national program.

Social Union Framework Agreement

The Social Union Framework Agreement was signed by the federal government, the territories and all provinces except Quebec in February 1999 (see Appendix C). It has the potential to support the development of a national child care program in two ways. First, it spells out the rules for federal spending on social programs, such as child care. These rules include provisions for the direct transfer of funds from the federal government to the provinces and territories for the purpose of developing and maintaining a specific program.[7] Second, it includes in its statement of principles the goal of ensuring "[A]ccess for all Canadians, wherever they live or move in Canada, to essential social programs and service of reasonably comparable quality."[8] Given the high participation rate in the paid workforce of mothers with children under age 6, an argument could be made that child care is an essential social program.

The Shift Away from Universal Programs

During the 1980s, and accelerating in the 1990s, Canadian government social policy, whether federal or provincial/territorial, has increasingly leaned toward targeted rather than universal programs. This shift has occurred in everything from programs for seniors to programs for infants.[9] For example, the same Family Allowance payment, adjusted for the number of children, used to be made to all families with young children regardless of family income. Then, it began to be taxed back on the basis of income, thereby increasingly becoming targeted to low-income parents. In 1993, the Family Allowance was eliminated and the income-tested Canada Child Tax Benefit introduced. This program, based on the individual's previous year's income tax return, specifically targeted low-income working parents. The more recently introduced National Child Benefit, launched in 1998, still targets low-income families, but has been broadened to include children whose parents are not part of the workforce.[10] A recent *Globe and Mail* article, apparently based on a leak from the federal Department of Finance, suggests that a new child tax credit might be introduced that will recognize the cost of raising children and benefit all parents, regardless of their income level.[11] If this does occur, it may signal a shift back to a recognition that all families with children incur expenses not incurred by childless families and the need for universality in programs that affect children.

In addition to shifting funds from universal to targeted programs, government services developed in the past decade have tended to be targeted. Many of the provincial programs cited as examples by the Federal-Provincial-Territorial Council in its recent consultation document are targeted, again often to low-income children.[12] The choice of illustrations for this document reflects current reality. The big unknown is whether the action plan for the National Children's Agenda being developed by the federal, provincial and territorial governments will acknowledge the universality of children's needs.

Targeted Programs

Appeal of Targeted Programs

Targeted programs appeal to governments for the following reasons:

- they cost less than universal programs because there are fewer users;
- targeting the group deemed most in need of the service is perceived to be more efficient than providing the service to everyone who wants it; and
- a targeted service is deemed to demonstrate responsible use of taxpayer funds and therefore more likely to be accepted by the public.

In the child care field, targeting children at environmental risk has particular appeal for two reasons. First, because of general acceptance of the fact that compensatory preschool programs for children at environmental risk make a significant positive difference in the children's school readiness. Secondly, because of the oft-quoted $7 gained for every dollar of public money spent reported by one American compensatory preschool program.[13] In contrast, there is much less public knowledge about the gains made by middle-class children who attend quality child care. In addition, a recent estimate of the cost of providing universal child care in Canada concluded that there would only be $2 gained for every dollar of public funds spent.[14] Since a universal program would have a far larger number of users, its cost would be much higher than a targeted program.

Disadvantage of a Targeted Child Care Program

Targeting in child care has historically involved children from low-income families on the assumption that they are most at risk for delayed development and/or behaviour problems and/or future academic difficulties. The assumption that low-income children are vulnerable is supported by the findings of the Canadian National Longitudinal Survey of Children and Youth (NLSCY). Using a standard test of cognitive and language development, the NLSCY found that 25% of preschool-aged children from families with an annual income less than $30,000 had a developmental delay in comparison to 16% from families with an annual income between $30,000 and $60,000 and 9% of families with an annual income over $60,000.[15] The NLSCY also found that children from low-income families tended to obtain lower scores on tests of mathematical ability in Grade 2 than children from middle- and upper-income families.[16] While these findings support the view that low-income children are at risk for developmental or behavioural problems, it does not tell us anything about the extent to which children at other income levels may be vulnerable.

Findings from the NLSCY indicate that parenting style has a *greater* impact on child development than family income level. Furthermore, the incidence of parents using a parenting style associated with negative child outcomes was found to be very similar across all income levels.[17] In other words, low-income parents were no more likely than middle-income parents to use a parenting style associated with negative effects on children's social and cognitive development.

If good-quality child care is viewed as a measure to prevent problems and promote children's development, targeting low-income children and continuing a situation where many middle-class families cannot afford regulated care is neither efficient nor a good use of taxpayer funds. Just over a quarter (25.7%) of the families of children aged 0 to 11 who participated in the first cycle of the NLSCY reported a family income below $30,000. In contrast, 41.6% of the NLSCY families had an annual income between $30,000 and $60,000 and the remainder had higher incomes.[18] Thus, the majority of children live in middle-income families. Therefore, the actual number of children at risk as a result of the parenting style they receive is greater at the middle-income level than at the low-income level. Similarly, because of the larger number of middle-income families, the 16% of middle-income children with developmental delays represents a greater number of children than the 25% of low-income children with delayed development. As a result, targeting low-income children includes many who are not at risk and excludes a larger number of middle-class children who are at risk.

Universal Child Care

An affordable, universal, high-quality national child care system has the potential to address a number of objectives that would benefit society as a whole, including:

- supporting and promoting *all* children's emotional, social, language and cognitive development, including children deemed to be at environmental risk;
- reducing the incidence of child poverty;
- developing and maintaining a skilled and effective workforce able to compete in the global marketplace;
- increasing women's financial security; and
- increasing tax revenue for both the federal and provincial/territorial governments.

Supporting and Promoting Healthy Development of All Children

> *"Instead of focussing mainly on problems after they have occurred, we need to focus more attention on programs that prevent them and promote good development throughout childhood."*[19]

There is a substantial body of research, reviewed earlier in this publication,[20] documenting the value of child care for all children, regardless of their income level. For example, the NLSCY found that 4- and 5-year-olds who were receiving some form of regular child care outside the home obtained higher scores on a standard test of language and cognitive development than children who were not receiving child care.[21] Studies comparing children with or without child care prior to school entry report that children with child care experience have better peer social skills, and/or better language skills, and/or a greater ability to reason and problem solve.

An American study specifically compared the intellectual development of three groups of matched children deemed to be at environmental risk. One group received an extensive university-based compensatory preschool program; the second group was placed in ordinary but good-quality community child care centres; and the third group did not receive any child care prior to school entry. The children were given a number of standard tests of development when they were 4.5 years of age. While those who had attended the university-based program tended to do better as a group, the results obtained by children who had attended the community child care programs were almost as good and considerably better than those of children without child care experience.[22] Although this is only one study, it is important since it indicates that ordinary but high-quality child care may be nearly as beneficial as a highly resourced specialized compensatory preschool program.

The quality of child care is crucial for all children. As also discussed earlier in this publication,[23] there is also a body of research documenting the negative effect of poor-quality child care. It is important to note that living in a two-parent, middle-class home does not protect children from the negative effect of poor-quality child care, at least not children in full-time attendance. Middle-class children in poor-quality child care have been found to have poorer language skills,[24] more likelihood of problem behaviour in kindergarten,[25] and poorer social skills at age 8.[26]

Reducing Incidence of Child Poverty

> *"We should essentially establish the elimination of child poverty as a great national objective, not unlike what we did with the case of the deficit."*[27]

Between 1989 and 1997, the proportion of children living in poverty increased from 14.5% to 19.8%.[28] Poor children are more likely than other children to require health services and/or academic remediation and to drop out of school. Being a school drop-out decreases an individual's ability to obtain a job and increases the probability of requiring social assistance.[29] If society does not address child poverty, it eventually has to pay for that failure through the provision of remedial or social assistance services.

Children are poor because their parents are poor. Enabling parents to enter and remain in the paid workforce increases their family income. In 1996, 10.5% of two-parent families with children were poor. If both parents had not been working, the poverty rate for two-parent families with children would have been 21.4%, that is, more than double.[30] Both Canadian and American research has repeatedly found that the cost of child care is a key element in a mother's decision whether to enter the paid workforce.[31] For example, one Canadian study found that a 10% increase in the expected cost of child care was associated with a 3.9% reduction in the likelihood of the mother engaging in paid employment.[32] Simply put, if the cost of child care is going to be too high a proportion of the mother's expected salary, she may feel that there is no point in taking a job.

Access to affordable, reliable child care is an essential component of any initiative intended to decrease child poverty. It permits parents to enter the paid workforce or to work full time rather than part time or to participate in job training that will assist them to obtain a job. While the objective of providing child care to enable parental paid employment emphasizes the need for affordable and reliable care, the objective of promoting the child's development requires that the care also be of high quality.

Development and Maintenance of a Skilled Workforce

To compete in the global marketplace and maintain its standard of living, Canada needs a skilled and efficient workforce. Three issues are critical:

- the maximization of the effectiveness of the existing labour force;
- the involvement of mothers in the labour force; and
- the development of a skilled and effective labour force for the future.

Maximizing the Effectiveness of the Workforce

A Canadian survey of 1,600 organizations and more than 11,000 public- and private-sector employees found that workers experiencing difficulty juggling work and responsibility for young children missed an average of 4.5 full days from work during the previous six-month period. In comparison, workers reporting no difficulties missed an average of 2.3 days during the same period.[33] It cannot be assumed that all the juggling difficulties reported by workers in the above study were related to child care. However, an association has been documented in the United States between having difficulty with child care arrangements and absenteeism from work.[34]

The Canadian National Child Care Study found that parents who had difficulty finding or maintaining appropriate child care reported not being able to work overtime when requested, being distracted at work because they were worrying about their children, and having to reduce their work hours.[35] There is obviously a negative effect on workforce effectiveness when employees have to be absent because of child care problems or are distracted at work by concerns about their children's well-being. An affordable, universal child care system could be expected to reduce absenteeism and the extent to which parents were distracted by concerns about their children.

Need for Mothers in the Workforce

In 1998, women made up 45.6% of the workforce in Canada.[36] Many of these were women with young children. In 1997, 64.1% of women whose youngest child was under age 3 and 68.8% of those whose youngest child was between age 3 and 5 were engaged in paid employment.[37] If women with young children were not in the workforce, it would be difficult for Canada to continue to compete in the global marketplace. As noted above, the cost and availability of child care is an important element in the decision whether to join the labour force.

Development of a Labour Force for the Future

Canada's birthrate dropped below what is required to replace the population (2.0 per woman) in the late 1970s and has remained well below replacement level ever since.[38] In

1997, the birthrate was 1.5 per woman.[39] Meanwhile, between 1993 and 1998 the number of people over age 65 increased by 10%.[40] Statistics Canada projects that by 2016, 16.5% of the population will be over age 65 and this will increase to 21.4% in 2026. The proportion of people between age 20 and 64 will drop to 62.7% in 2016 and to 56.8% in 2026.[41] These demographic changes mean a decreasing number of potential workers to provide the income taxes that pay for public schools, government pensions for seniors, and other services used by people who are not in the paid labour force. As a result, it is becoming increasingly important that all people of working age have the skills to participate in the job market.

People with a postsecondary education are more likely to be able to obtain work in a job market increasingly dominated by technology. As noted, child care promotes children's development and increases the likelihood of school readiness and subsequent school success for children from all income levels. An affordable, universal, high-quality child care system could be expected to increase the number of children who had the educational requirements to enter a postsecondary institution.

Increasing Women's Financial Security

When a woman takes extended leave from the paid workforce to care for young children, she:

- loses current wages and thus decreases her lifetime earnings;
- loses opportunities to accumulate work experience, seniority and career advancement. This also has a negative impact on lifetime earnings; and
- may have a smaller Canada or Quebec Pension Plan benefit when she retires than she would have had otherwise.[42]

The longer a person is out of the paid workforce, the greater the likelihood that her knowledge and skills will become obsolete. This decreases her choice of jobs and earning power. Since the decision to engage in paid employment is influenced by whether affordable child care is available, a universal, affordable child care system could be expected to increase women's workforce participation. This would increase their financial security.

Increasing Tax Revenue

Working mothers contribute to federal and provincial/territorial revenue through income taxes. This, in turn, increases the pool of money available for government expenditures on health care and other services. There is also a gain for governments in the form of costs not incurred when a mother is able to move from social assistance to paid employment. This may occur, for example, when the mother is able to obtain affordable child care.

Implications for Child Care

Federal funds are available, and the mechanisms exist for the development of a national, universal child care system. It is important for the child care field to lobby for such a system as part of the National Child Care Agenda and to insist that the child care services developed be of high quality. There are a number of ways for getting the message out. These include contacting federal and provincial/territorial Members of Parliament, writing letters to the editors of national and local newspapers, and seeking opportunities to inform the public through local radio or television programs.

Endnotes

1. Federal-Provincial-Territorial Policy on Social Policy Renewal, 1999, p. 11.
2. National, in this context, does not mean operated by the federal government. Instead, it refers to 13 provincial/territorial programs operating under Canada-wide objectives and principles as is the case with medical services under the *Canada Health Act*.
3. Universal does not imply mandatory; instead, it refers to accessibility for all people who wish to use the service. This requires that the service be both available and affordable.
4. Target programs restrict access to only those people who meet certain criteria.
5. This council now includes representation from Nunavut.
6. Government of Canada, 1999, p. 4.
7. Section 5: direct federal funding, see Appendix C.
8. Section 1, see Appendix C.
9. Jenson & Stroick, 1999, p. 21.
10. Jenson & Thompson, 1999, p. 25.
11. McCarthy, 2000.
12. Federal-Provincial-Territorial Council on Social Policy Renewal, 1999, p. 16 and Appendix A.
13. Berruela-Clement et al., 1986, p. 13.
14. Cleveland & Krashinsky, 1998, p. 72.
15. Ross, Scott & Kelly, 1996b, p. 42.
16. Willms, 1996, p. 80.
17. Chao & Willms, 1998, p. 2.
18. Ross, Scott & Kelly, 1996b, p. 33.
19. Federal-Provincial-Territorial Council on Social Policy Renewal, 1999, p. 16.
20. See Human Resources Development Canada, 1994.
21. Kohen & Hertzman, 1998, Figure 15-1.
22. Burchinal, Lee & Ramey, 1989, pp. 131–135.
23. See Human Resources Development Canada, 1994.
24. Peterson & Peterson, 1986, pp. 12–13.
25. Howes, 1990, p. 300.
26. Vandell, Henderson & Wilson, 1988, p. 1290.
27. Paul Martin, quoted in Campaign 2000, p. 1.
28. Campaign 2000, 1999, p. 3.

29. Doherty et al., 1995, p. 69.

30. National Council of Welfare, 1999, p. 12.

31. An excellent review of this literature is provided in Cleveland & Krashinsky, 1998, pp. 42–49.

32. Cleveland, Gunderson & Hyatt, 1996, p. 247.

33. MacBride-King, 1990, p. 33.

34. Duxbury & Higgins, 1994, p. 31.

35. Donna S. Lero, Department of Family Relations and Applied Nutrition, University of Guelph, special tabulation using data from the Canadian National Child Care Study.

36. Statistics Canada, 1999c, p. 11.

37. Cleveland & Krashinsky, 1998, p. 42.

38. Vanier Institute of the Family, 1994, p. 54.

39. Statistics Canada, 1999b.

40. Statistics Canada, 1999c, p. 2.

41. Percentages calculated from the population projection tables on the Statistics Canada Web site, January 2000 (

42. Both pension plans have a provision whereby the years where earnings are nil or below career average while the mother (or single father) has a child under age 7 are not counted when calculating the earnings upon which the amount of benefit pension is based. Therefore, the impact of being out of the paid workforce on either plan depends on the age of the individual's youngest child during that period.

References

Baillargeon, M., Larouche, H., & Roy, C. (1999). La qualité des services de garde en milieu scolaire: Relation avec la formation et l'expérience du personnel. *Canadian Journal of Research in Early Childhood Education* 7(3): 207–221.

Beach, J. (1999). Community colleges and the delivery of professional development in the early childhood care and education sector. *Research Connections Canada* 3: 169–212.

Beach J. & Bertrand, J. (1999). Mobility of early childhood care and education credits and credentials in Canada. *Research Connections Canada* 2: 101–140.

Beach, J., Bertrand, J., & Cleveland, G. (1998). *Our Child Care Workforce: From Recognition to Remuneration.* Ottawa: Child Care Sector Study Steering Committee, c/o the Canadian Child Care Federation.

Begley, S. (1996). Your child's brain. *Newsweek* February 19: 55–61.

Beiser, M., Hou, F., Hyman, I., & Tousignant, M. (1998). "New Immigrant Children: How Are They Coping?" Paper presented at "Investing in Children: A National Research Conference, 1998," Ottawa. Also available at www.hrdc-drhc.gc.ca/arb. Go to the section on conferences, then to children's.

Berk, L. (1985). Relationship of caregiver education to child-oriented attitudes, job satisfaction, and behaviors towards children. *Child Care Quarterly* 14(2): 103–129.

Bernhard, J.K., Lefebvre, M.L., Kilbride, K.M., Chud, G., & Lange, R. (1999). Troubled relationships in early childhood education: parent–teacher interactions in ethnoculturally diverse child care settings. *Research Connections Canada* 1: 129–154.

Berrueta-Clement, J.R., Schweinhart, L.J., Barnett, W.S., Epstein, A.S., & Weikart, D.P. (1986). Changed lives: the effects of the Perry Preschool Program on youths through age 19. In F. Hechenger (ed.), *A Better Start: New Choices for Early Learning*, pp. 11–40. New York: Walker & Co.

Bertrand, J., & Beach, J. (1998). "Mobility of Early Childhood Care and Education Credits and Credentials in Canada." Draft background paper for the Association of Canadian Community Colleges/Canadian Child Care Federation Early Childhood Education Training Project.

Betcherman, G. & Chaykowski, R. (1996). *The Changing Workplace: Challenges for Public Policy.* Ottawa: Applied Research Branch, Human Resources Development Canada, Catalogue R-96-13E.

Birch, H.G., Richardson, S.A., Baird, D., Horobin, G., & Illsley, R. (1970). *Mental Subnormality in the Community: A Clinical and Epidemiological Study.* Baltimore, Md.: Williams & Wilkins.

Broberg, A., Wessels, H., Lamb, M.E., & Hwang, C.P. (1997). Effects of day care on the development of cognitive abilities in 8-year-olds: a longitudinal study. *Developmental Psychology* 33(1): 62–69.

Brown-McLean, C. & Morris, J. (1999). Distance education: providing bridges to meet the educational needs of early childhood educators. *Research Connections Canada* 3: 49–69.

Bryant, D.M., Peisner-Feinberg, E.S., & Clifford, R.M. (1993). *Evaluation of Public Preschool Programs in North Carolina.* Final Report. Chapel Hill, N.C.: Frank Porter Graham Child Development Center, University of North Carolina at Chapel Hill.

Burchinel, M., Lee, M., & Ramey, C. (1989). Type of day-care and preschool intellectual development in disadvantaged children. *Child Development* 60: 128–137.

Burton, C.B. (1987). Problems in children's peer relations: a broadening perspective. In L.G. Katz (ed.), *Current Topics in Early Childhood Education* Vol. 7, pp. 59–64. Norwood, N.J.: Ablex Publishing Corporation.

Campaign 2000 (1999). *Report Card on Child Poverty in Canada: 1989–1999.* Toronto: Author.

Campbell, F.A. & Ramey, C.T. (1994). Effects of early intervention on intellectual and academic achievement: a follow-up study of children from low-income families. *Child Development* 65(1): 684–698.

Campbell, F.A. & Taylor, K. (1996). Early childhood programs that work for children from economically disadvantaged families. *Young Children* May: 74–80.

Canada Customs and Revenue Agency (1999). *Child Care Expenses Deduction*. Catalogue T778E(99). Ottawa: Author.

Canadian Child Care Federation (2000). Standards of practice for practitioners in early childhood settings. In xxxxxxxxxxxxxxxxxx. Ottawa: Author.

Canadian Child Day Care Federation (1991). *National Statement on Quality Child Care*. Ottawa: Author.

Canadian Child Day Care Federation/Canadian Day Care Advocacy Association (1992). *Caring for a Living*. Ottawa: Canadian Child Care Federation.

Canadian Council on Social Development (1998). *The Progress of Canada's Children: 1998*. Ottawa: Author.

Case, R., Okamoto, Y., Griffin, S., McKeough, A., Bleiker, C., Henderson, B., & Stephenson, K.M. (1996). The role of central conceptual structures in the development of children's thought. *Monographs of the Society for Research in Child Development* Serial No. 246. Nos. 1-2.

Chao, R.K., & Willms, J.D. (1998). "Do Parenting Practices Make a Difference?" Paper developed for "Investing in Children: A National Research Conference, 1998, Ottawa." Also available at www.hrdc-drhc.gc.ca/arb. Go to the section on conferences, then to children's.

Childcare Resource and Research Unit (1990). *Child Care Information Sheets: The Provinces and Territories, 1990*. Toronto: Author.

——— (1994). *Child Care in Canada: Provinces and Territories, 1993*. Toronto: Author.

——— (1997). *Child Care in Canada: Provinces and Territories, 1995*. Toronto: Author.

——— (in press). *Child Care in Canada: Provinces and Territories, 1998*. Toronto: Author.

Cicirelli, V.G. (1969). *The Impact of Head Start: An Evaluation of the Effects of Head Start on Children's Cognitive and Affective Development*. Washington, D.C.: Westinghouse Learning Corporation.

Clarke-Stewart, K. (1987). Predicting child development from childcare forms and features: the Chicago study. In D. Phillips (ed.), *Quality in Child Care: What Does the Research Tell Us?*, pp. 21–41. Washington, D.C.: National Association for the Education of Young Children.

Cleveland, G., Gunderson, M., & Hyatt, D. (1996). Child care costs and the employment decisions of women: Canadian evidence. *Canadian Journal of Economics* 29(1): 132–151.

Cleveland, G. & Krashinsky, M. (1998). *The Benefits and Costs of Good Child Care*. Toronto: Childcare Resource and Research Unit, University of Toronto.

Cohen, N.E. & Kagan, S.L. (1996). Getting from here to there: the process and the players. In S.L. Kagan & N.E. Cohen (eds.), *Reinventing Early Care and Education*, pp. 333–347. San Francisco: Jossey-Bass.

Coie, J.D. & Kupersmidt, J.B. (1983). A behavioral analysis of emerging social status in boys' groups. *Child Development* 54: 1400–1416.

Consortium for Longitudinal Studies (1983). *As the Twig is Bent ... Lasting Effects of Preschool Programs*. Hillside, N.J.: Erlbaum.

Culkin, M., Morris, J.R., & Helburn, S.W. (1991) Quality and the true cost of child care. *Journal of Social Issues* 47(2): 71–86.

Cynader, M.S. (1994) Mechanisms of brain development and their role in health and well-being. *Daedalus* 123(4): 155–165.

Doherty, G. (1992). *Quality Matters in Child Care*. Huntsville, Ont.: Jesmond Publishing.

——— (1996). *The Great Child Care Debate: The Long-Term Effect of Non-Parental Child Care*. Toronto: Childcare Resource and Research Unit, University of Toronto.

——— (1997). *Zero to Six: The Basis of School Readiness*. Ottawa: Applied Research Branch, Human Resources Development Canada.

——— (1999). Elements of quality. *Research Connections Canada* 1: 5–56.

Doherty, G., Friendly, M., & Oloman, M. (1998). *Women's Support, Women's Work: Child Care in an Era of Deficit Reduction, Devolution, Downsizing and Deregulation.* Ottawa: Status of Women Canada.

Doherty, G., Lero, D.S., Goelman, H., LaGrange, A., & Tougas, J. (in press). *You Bet I Care! A Canada-wide Study on Wages, Working Conditions and Practices in Child Care Centres.* Guelph, Ont.: Centre for Families, Work, and Well-Being, Department of Family Relations and Applied Nutrition, University of Guelph.

Doherty, G., Rose, R., Friendly, M., Lero, D.S., & Irwin, S.H. (1995). *Child Care: Canada Can't Work Without It.* Toronto: Childcare Resource and Research Unit, University of Toronto.

Doherty, G. & Stuart, B. (1996). *A Profile of Quality in Canadian Child Care Centres.* Guelph, Ont.: Department of Family Relations and Applied Nutrition, University of Guelph.

Dunster, L. (1998). *National Family Day Care Training Project Synthesis Report.* Ottawa: Canadian Child Care Federation.

Duxbury, L. & Higgins, C. (1994). Families in the economy. In M. Baker (ed.), *Canada's Changing Families: Challenges to Public Policy*, pp. 29–40. Ottawa: Vanier Institute of the Family.

Endsley, R.C. & Minish, P.A. (1991). Parent–Staff Communication in Day Care Centers During Morning and Afternoon Transition. *Early Childhood Research Quarterly* 6(2): 119–135.

Erickson, M.F., Egeland, B., & Sroufe, L.A. (1989). The relationship between quality of attachment and behavior problems in preschool in a high-risk sample. In J. Bretherton & E. Waters (eds.), *Growing Points in Attachment Theory and Research. Monographs of the Society for Research in Child Development*, pp. 147–166. Serial No. 209, 50(1-2).

European Commission Network on Childcare (1996a). *Quality Targets for Services for Young Children.* Brussels: Author.

——— (1996b). *The EC Childcare Network. 1986–1996.* Brussels: Author.

Family Day Care Association of Manitoba, now affiliated with the Manitoba Child Care Association (1994). *A Training Plan for Family Day Care Providers.* Winnipeg: Author.

Federal-Provincial-Territorial Council on Social Policy Renewal (1999). *A National Children's Agenda: Developing a Shared Vision.* Ottawa: Author.

Foster, L. & Broad, D. (1998). *Flexible Child Care for Flexible Workers.* Regina, Sask.: Social Policy Research Unit, Faculty of Social Work, University of Regina.

Fowler, W. (1978). *Day Care and Its Effects on Early Development.* Toronto: Ontario Institute for Studies in Education.

Friendly, M. (in press). Child care and Canadian federalism in the 1990s: canary in a coal mine. In G. Cleveland & M. Krashinsky (eds.), *Good Child Care in Canada for the 21st Century: Preparing the Policy Map.* Toronto: University of Toronto Press.

Goelman, H. et al. (in press). Training, quality and the lived experience of child care. In G. Cleveland & M. Krashinsky (eds.), *Good Child Care in Canada for the 21st Century: Preparing the Policy Map.* Toronto: University of Toronto Press.

Goelman, H. & Pence, A.R. (1987). Effects of child care, family and individual characteristics on children's language development: the Victoria day care research project. In D. Phillips (ed.), *Quality in Child Care: What Does the Research Tell Us?*, pp. 89–104. Washington, D.C.: National Association for the Education of Young Children.

Goelman, H., Doherty, G., Lero, D., LaGrange, A., & Tougas, J. (in press). "Child Centres as Learning and Caring Environments." Guelph, Ont.: Centre for Families, Work and Well-Being, Department of Family Relations and Applied Nutrition, University of Guelph.

Gomby, D.S., Larner, M.B., Stevenson, C.S., Lewit, E.M., & Behrman, R.E. (1995). Long-term outcomes of early childhood programs: analysis and recommendations. *The Future of Children* 5(3): 6–24.

Goossens, F.A. & van Ijzendoorn, M.H. (1990). Quality of infants' attachments to professional caregivers: relation to infant–parent attachment and day-care characteristics. *Child Development* 61: 832–837.

Gopnik, A., Meltzoff, A.N., & Kuhl, P.K. (1999). *The Scientist in the Crib: Minds, Brains and How Children Learn.* New York: William Morrow and Company, Inc.

Goss Gilroy Inc. (1998a). *Providing Home Child Care for a Living: A Survey of Providers Working in the Regulated Sector.* Ottawa: Canadian Child Care Federation.

——— (1998b). *Providing Home Child Care for a Living: A Survey of Providers Working in the Unregulated Sector in Their Own Home.* Ottawa: Canadian Child Care Federation.

Government of Canada (1999). *Speech from the Throne to open the Second Session of the Thirty-Sixth Parliament of Canada.* Ottawa: Author.

Griffin, S.A., Case, R., & Siegler, R.S. (1994). Rightstart: providing the central conceptual prerequisites for first formal learning of arithmetic in students at risk for school failure. In K. McGilly (ed.), *Classroom Lessons: Integrating Cognitive Theory and Classroom Practice*, pp. 25–49. Cambridge, Mass.: MIT Press/Bradford Books.

Gunnar, M.R. (1998). Stress physiology, health and behavioral development. In A. Thornton (ed.), *The Well-Being of Children and Families: Research and Data Needs.* Ann Arbor, Mich.: University of Michigan.

Gunnar, M.R., Broderson, L., Krueger, K., & Rigatuso, R. (1996). Dampening of behavioral and adrenocortical reactivity during early infancy: normative changes and individual differences. *Child Development* 67(3): 877–889.

Harms, T. & Clifford, R.M. (1989). *The Family Day Care Rating Scale.* New York: Teachers College Press.

Harms, T., Cryer, D., & Clifford, R.M. (1990). *The Infant/Toddler Environment Rating Scale.* New York: Teachers College Press.

Harms, T., Jacobs, E.V., & White, D.R. (1996). *School-Age Care Environment Rating Scale.* New York: Teachers College Press.

Harms, T., Clifford, R.M., & Cryer, D. (1998). *Early Environment Rating Scale, Revised Edition.* New York: Teachers College Press.

Helburn, S.W. (ed.). (1995). *Cost, Quality, and Child Outcomes in Child Care Centres.* Denver, Colo.: Center for Research in Economics and Social Policy, Department of Economics, University of Colorado at Denver.

Hertzman, C. & Wiens, M. (1994). *Child Development and Long-Term Outcomes: A Population Health Perspective and Summary of Successful Interventions.* Toronto: Canadian Institute for Advanced Research.

Howes, C. (1983). Caregiver Behaviour in Center and in Family Day Care. *Journal of Applied Developmental Psychology* 4: 99–107.

——— (1988). Relations between early child care and schooling. *Developmental Psychology* 24: 53–57.

——— (1990). Can the age of entry into child care and the quality of child care predict adjustment in kindergarten? *Developmental Psychology* 26: 292–303.

Howes, C. & Hamilton, C.E. (1992). Children's relationships with caregivers: mothers and child care teachers. *Child Development* 63: 859–866.

Howes, C. & Marx, E. (1992). Raising questions about improving the quality of child care: child care in the United States and France. *Early Childhood Research Quarterly* 7: 347–366.

Howes, C., Phillips, D., & Whitebook, M. (1992). Thresholds of quality: implications for the social development of children in center-based care. *Child Development* 63(4): 449–460.

Howes, C. & Rubenstein, J. (1985). Determinants of toddlers' experiences in day care: age of entry and quality of setting. *Child Care Quarterly* 14(2): 140–151.

Human Resources Development Canada (1994). *Child Care and Development.* Background paper for the federal government's Social Services Review. Ottawa: Minister of Supply and Services Canada.

——— (1996). Immigration: an urban phenomenon. *Applied Research Bulletin* 2(2): 13–15.

——— (1997a). Flexible work arrangements—gaining ground. *Applied Research Bulletin* 3(1): 5–7.

——— (1997b). Statistical profile of Canada's children. *Applied Research Bulletin* 3(1): 1–5.

——— (1997c). *Status of Day Care in Canada 1995 and 1996*. Ottawa: Minister of Supply and Services Canada.

——— (1998). The new face of shiftwork. *Applied Research Bulletin* 4(2): 13–14.

Jacobs, E.V. & Mill, D. (1998). *Directions for Further Research in Canadian School-Age Child Care*. Montreal: Education Department, Concordia University.

Jacobs, E.V., Selig, G., & White, D.R. (1992). Classroom behaviour in grade one: does quality of preschool day care experience make a difference? *Canadian Journal of Research in Early Childhood Education* 3: 89–100.

Jencks, C. (1972). *Inequality: A Reassessment of the Effect of Family and Schooling in America*. New York: Harper Colophon.

Jenson, J. & Stroick, S.M. (1999). *A Policy Blueprint for Canada's Children*. Ottawa: Canadian Policy Networks Inc. Also available at www.cprn.org.

Jenson, J. & Thompson, S. (1999). *Comparative Family Policy: Six Provincial Stories*. Ottawa: Canadian Policy Networks, Inc. Also available at www.cprn.org.

Kagan, S.L. (1993). *The Essential Functions of the Early Care and Education System*. New Haven, Conn.: Quality 2000 Task Force, Yale University.

Kagan, S.L. & Cohen, N.E. (1996) A vision for a quality early care and education system. In S.L. Kagan & N.E. Cohen (eds.), *Reinventing Early Care and Education*, pp. 333–348. San Francisco: Jossey-Bass.

Karoly, L.A., Greenwood, P.W., Everingham, S.S., Houbé, J., Kilburn, M.R., Rydell, C.P., Sanders, M., & Chiesa, J. (1998). *Investing in Our Children: What We Know and Don't Know About the Costs and Benefits of Early Childhood Investments*. New York: Rand.

Kobayashi, A., Moore, E., & Rosenberg, M. (1998). *Healthy Immigrant Children: A Demographic and Geographic Analysis*. Ottawa: Human Resources Development Canada. Catalogue W-98-20E. Also available at www.hrdc-drhc.gc.ca/arb. Go to the section on conferences, then to children's.

Kohen, D. & Hertzman, C. (1998). *The Importance of Quality Child Care*. Ottawa: Human Resources Development Canada. Also available at www.hrdc-drhc.gc.ca/arb. Go to the section on conferences, then to children's.

Kohen, D., Pence, A., & Goelman, H. (1999). Victoria's children then and now: a longitudinal study of children and their care. *Proceedings of the Linking Research to Practice Forum, 1998*, pp. 133-136. Ottawa: Canadian Child Care Federation.

Kuhl, P. (1997). "What New Research on the Brain Tells Us About Our Youngest Children."Presentation to The White House Conference on Early Childhood Development and Learning, April 17, 1997.

Ladd, G.W. & Price, J.M. (1987). Predicting children's social and school adjustment following the transition from preschool to kindergarten. *Child Development* 58(5): 1168–1189.

Lazar, J., Darlington, R., Murray, H., Royce, J., & Snipper, A. (1982). Lasting effects of early education: a report from the consortium for longitudinal studies. *Monographs of the Society for Research in Child Development* 47 (2-3), Serial No. 195.

Lefebvre, P. & Merrigan, P. (1998). *Family Background, Family Income, Maternal Work and Child Development*. Ottawa: Human Resources Development Canada. Catalogue W-98-12.E Also available at www.hrdc-drhc.gc.ca/arb. Go to the section on conferences, then to children's.

Lero, D.S., Doherty, G., LaGrange, A., Goelman, H., & Tougas, J. (in press). *Family Child Care as a Caring and Learning Environment*. Centre for Families, Work and Well-Being, Department of Family Relations and Applied Nutrition, University of Guelph.

Lipman, E.L., Offord, D.R., & Dooley, M.D. (1996). What do we know about children from single-mother families? Questions and answers from the National Longitudinal Survey of Children and Youth. In Human Resources Development Canada/Statistics Canada (eds.), *Growing Up in Canada: National Longitudinal Survey of Children and Youth*, pp. 83–92. Ottawa: Minister of Industry.

Lipps, G. & Yiptong-Avila, J. (1999). *From Home to School: How Canadian Children Cope*.Ottawa: Statistics Canada. Catalogue 89F0117XIE. Also available at www.statcan.ca.

Lyon, M.E. & Canning, P.M. (1995). *The Atlantic Day Care Study.* Halifax: Department of Child and Youth Study, Mount Saint Vincent University.

MacBride-King, J.L. (1990). *Work and Family: Employment Challenge of the 1990s.* Ottawa: Conference Board of Canada, Report No. 59-90.

McCarthy, S. (2000). Parents to get new tax credit. *The Globe and Mail* 28 January 2000, A1.

McCartney, K. (1984). Effect of quality child care environments on children's language development. *Developmental Psychology* 20: 244–260.

McMahan, I.D. (1992). Public preschool from the age of two: the École maternelle in France. *Young Children* 47(2): 22–28.

Marcil-Gratton, N. (1998). *Growing Up with Mom and Dad? The Intricate Family Life Courses of Canadian Children* Ottawa: Ministry of Industry. Also available at www.hrdc-drhc.gc.ca/arb. Go to the section on conferences, then to children's.

Mitchell, D.E. & Timney, G. (1984). Post-natal development of function in the mammalian visual system. In I. Darian-Smith (ed.), *Handbook of Physiology: The Nervous System*, pp. 505–555. Bethesda, Md.: American Physiology Society.

Modigliani, K. (1994). *Promoting High-Quality Family Child Care.* New Haven, Conn.: Quality 2000 Task Force, Yale University.

National Council of Welfare (1999). *Preschool Children: Promises to Keep.* Ottawa: Author.

Oppenheim, D., Sagi, A., & Lamb, M.E. (1988). Infant–adult attachments on the kibbutz and their relation to socioemotional development four years later. *Developmental Psychiatry* 24(3): 427–433.

Osborn, A.F. & Milbank, J.E. (1987). *The Effects of Early Education: A Report from the Child Health and Education Study.* Oxford, Eng.: Clarendon Press.

Park, N. (1992). *A Comparative Study of School-Aged Child Care.* Toronto: Ministry of Education.

Peisner-Feinburg, E.S., Clifford, R.M., Culkin, M.L., Howes, C., & Kagan, S.L. (1999). *The Children of the Cost, Quality and Outcomes Study Go to School.* Executive summary. Chapel Hill, N.C.: Frank Graham Porter Child Development Center. Also available at www.fpg.unc.educ.

Pence, A.R. & Goelman, H. (1991). The relationship of regulation, training and motivation to quality of care in family day care. *Child and Youth Forum* 20(2).: 103–118.

Pence, A.R. & McCallum, M. (1994). Developing cross-cultural partnerships: implications for child care quality and practice. In P. Moss & A.R. Pence (eds.), *Valuing Quality in Early Childhood Services*, pp. 108–122. New York: Teachers College Press.

Pepper, S. & Stuart, B. (1992). Quality of family day care in licensed and unlicensed homes. *Canadian Journal of Research in Early Childhood Education* 3(2).: 109–118.

Peterson, C. & Peterson, R. (1986). Parent–child interaction and day care: does quality of day care matter? *Journal of Applied Developmental Psychology* 7: 1–15.

Phillips, D. (1996). Reframing the quality issue. In S.L. Kagan & N.E. Cohen (eds.), *Reinventing Early Care and Education*, pp. 43–64. San Francisco: Jossey-Bass Publishers.

Phillips, D., Howes, C., & Whitebook, M. (1992). The social policy context of child care: effects on quality. *American Journal of Community Psychology* 20(1).: 25–51.

Pierson, D.E., Bronson, M.B., Dromey, E., Swartz, J.R., Tivnan, T., & Walker, D.K. (1983). The impact of early education measured by classroom observations and teacher rating of children in kindergarten. *Evaluation Review* 7: 191–126.

Posada, G., Gao, Y., Wu, F., Posada, R., Tascon, M., Schoelmerich, A., Sagi, A., Kondo-Ikemure, K., Harrland, K., & Synnevaag, B. (1995). The secure-base phenomenon across cultures: children's behavior, mother's preferences and experts' concepts. In E. Waters, B. Vaughn, G. Posada, & K. Kondo-Ikemure (eds.), *Caregiving, Cultural and Cognitive Perspectives on Secure-Base Behavior and Working Models: New Growing Points of Attachment Theory and Practice*, pp. 27–48. Chicago: University of Chicago Press.

Ramey, C.T. (1999). *Early Learning, Faster Success: The Abercedarian Study.* Executive Summary. Chapel Hill, N.C.: Frank Graham Porter Child Development Center, University of North Carolina at Chapel Hill. Also available at www.fpg.unc.educ.

Ramey, C.T. & Campbell, F.A. (1993). Poverty, early childhood education, and academic competence: the Abercedarian experiment. In A.C. Houston (ed.), *Children in Poverty: Child Development and Public Policy*, pp. 190–221. New York: Cambridge University Press.

Raph, J.B., Thomas, A., Chess, S., & Korn, S.J. (1968). The influence of nursery school on social interaction. *American Journal of Orthopsychiatry* 38: 144–152.

Richardson, G. & Marx, E. (1989). *A Welcome for Every Child: How France Achieves Quality in Child Care.* New York: French-American Foundation.

Ross, D.P., Roberts, P.A., & Scott, K. (1998a). *Variations in Child Development Outcomes Among Children Living in Lone-Parent Families.* Ottawa: Human Resources Development Canada. Cat. W-98-7E. Also available at www.hrdc-drhc.gc.ca/arb. Go to section on conferences, then to children's.

———. (1998b). *Mediating Factors in Child Development Outcomes: Children in Lone-Parent Families.* Ottawa: Human Resources Development Canada. Cat. W-98-8E. Also available at www.hrdc-drhc.gc.ca/arb. Go to section on conferences, then to children's.

Ross, D.P., Scott, K., & Kelly, M. (1996). *Child Poverty: What Are the Consequences?* Ottawa: Canadian Council on Social Development.

———. (1996b). Overview: children in Canada in the 1990s. Human Resources Development Canada (ed.), *Growing Up in Canada: National Longitudinal Survey of Children and Youth*, pp. 15–45. Ottawa: Minister of Industry.

Ruopp, R., Travers, J., Glantz, R., & Coelen, C. (1979). *Children at the Center*. Final Report of the National Day Care Study. Cambridge, Mass.: Abt Associates.

Schiefelbusch, R.L., Sullivan, J.W., & Gantz, V.K. (1980). Assessing children at risk for speech disorder. S. Harrell & N.J. Anastasiow (eds.), *The At-Risk Infant*, pp. 277–284. Amsterdam: Excertpa Medica.

Schweinhart, L.J., Barnes, H.V., & Weikart, D.P. (1993). *Significant Benefits: The High/Scope Perry Preschool Study Through Age 27.* Monographs of the High/Scope Educational Research Foundation, No. 10. Ypsilanti, Mich.: High/Scope Press.

Shatz, C. (1992). The developing brain. *Scientific American* 267(3): 61–67.

Simmons, R. & Sheehan, R. (1997). Brain Research Manifests the Importance of First Years.

The News-Observer. North Carolina, 16 February.

Slavin, R.E. (1994). Preventing school failure: the challenge and the opportunity. In R.E. Slavin, N.L. Karweit, & B.A. Wasick (eds.), *Preventing School Failure: Research, Policy and Practice*, pp. 1–12. Boston, Mass.: Allyn & Bacon.

Slobin, D.I. (1985). *The Cross-Linguistic Study of Language Acquisition. Vol. 2 – Theoretical Issues.* Hillsdale, N.J.: Erlbaum.

Statistics Canada (1998). National Longitudinal Survey of Children and Youth: Cycle 2. *The Daily* 28 October.

Statistics Canada (1999a). Employment After Childbirth. *The Daily* 1 September.

——— (1999b). Fertility falls to record low in 1997. *The Daily* 16 June.

——— (1999c). *Canada at a Glance: 1999.* Ottawa: Author.

Stuart, B. & Pepper, S. (1988). The contribution of caregiver's personality and vocational interests to quality in licensed family day care. *Canadian Journal of Research in Early Childhood Education* 2(2): 99–109.

Suomi, S.J. (1999). Developmental trajectories, early experiences and community consequences: lessons from studies with Rhesus monkeys. In D. Keating & C. Hertzman (eds.), *Developmental Health and the Wealth of Nations*, pp. 185–200. New York: Guilford Press.

Thornburg, K.R., Pearl, P., Compton, D., & Ipsa, J.M. (1990). Development of kindergarten children based on child care arrangements. *Early Childhood Research Quarterly* 5: 27–42.

Vandell, D.L. & Corasaniti, M.A. (1990). Variations in early child care: do they predict subsequent social, emotional, and cognitive differences? *Early Childhood Research Quarterly* 5: 555–572.

Vandell, D.L., Henderson, V.K., & Wilson, K.S. (1988). A longitudinal study of children with day care experience of varying quality. *Child Development* 59: 1286–1292.

Vanier Institute of the Family (1994). *Profiling Canada's Families*. Ottawa: Author.

——— (1998). *From the Kitchen Table to the Boardroom Table*. Ottawa: Author.

Whitebook, M., Howes, C., & Phillips, D. (1990). *Who Cares? Child Care Teachers and the Quality of Care in America. Executive Summary of the National Child Care Staffing Study*. Oakland, Calif.: Child Care Employee Project.

Willms, J.D. (1996). Indicators of mathematics achievement in Canadian elementary schools. In Human Resources Development Canada (ed.), *Growing Up in Canada: National Longitudinal Survey of Children and Youth*, pp. 69–82. Ottawa: Minister of Industry.

Wright, M. (1983). *Compensatory Education in the Preschool: A Canadian Approach*. Ypsilanti, Mich.: High/Scope Press.

Zigler, E. & Styfco, S.J. (1994). Is the Perry Preschool Better Than Head Start? Yes and No. *Early Childhood Research Quarterly* 9(3,4): 269–287.

Zoritch, B., Roberts, L., & Oakley, A. (1998). The health and welfare effects of day care: a systematic review of randomised controlled trials. *Social Sciences and Medicine* 47(30): 317–327.

Appendix A

Overview of Centre Child Care Requirements by Jurisdiction, 1999

Jurisdiction	Variable	Requirements
British Columbia	Ratio and group size	**Age group** / **Ratio** / **Group size** 0–3 years / 1:4 / 12 30 months–6 years / 1:8 / 25 half-day preschool / 1:10 / 20 school-age / 1:10–15 / 20–25 (depending on age) **Maximum centre size:** not specified
	Training requirements	Under age 36 months: Each group of 5 to 8 children requires one infant/toddler educator (basic 10-month ECCE program plus specialized infant/toddler training) and one early childhood educator (at least 10-month ECCE program from approved institution). Each group of 9 to 12 children requires one infant/toddler educator, one early childhood educator and one assistant. Thirty-six months to school age: Each group requires one early childhood educator plus assistants. School-age: Staff must have taken a course on the care of young children or have relevant experience.
	Monitoring	Licence is not time-limited. Practice is to do a monitoring visit each year, but this is not a legislative requirement. Inspectors are not required to have an early childhood education background.
Alberta	Ratio and group size	**Age group** / **Ratio** / **Group size** 0–12 months / 1:3 / 6 13–19 months / 1:4 / 8 19–35 months / 1:6 / 12 3–5 years / 1:8 / 16 5–6 years / 1:10 / 20 school-age – operated by municipalities that set own standards **Maximum centre size:** 80 spaces
	Training requirements	Directors required to have a two-year college diploma in ECCE or equivalent. One in four staff required to have one-year ECCE college certificate or equivalent. All other child care staff required to have a 50-hour child care orientation course delivered through a community college or equivalent.
	Monitoring	Responsibility for licensing and monitoring has been transferred to 18 regional children's authorities. Practice has been quarterly licensing visits by licensing officers but this is not required by legislation and may change as a result of the transfer. Licensing officers not required to have an ECCE background.

Saskatchewan	Ratio and group size	**Age group**	**Ratio**	**Group size**
		Infants	1:3	6
		Toddlers	1:5	10
		30 months–6 years	1:10	20
		6–12 years	1:15	30
		Maximum centre size:	90 spaces	
	Training requirements	Supervisor must have one-year ECCE certificate or equivalent. Every staff member must take a 130-hour child care orientation course or equivalent provided through community college within one year of commencing work unless the person has a one-year ECCE certificate or equivalent.		
	Monitoring	A minimum of three visits annually (policy, not regulatory requirement). Provincial program consultants are not required to have a background in early childhood education.		
Manitoba	Ratio and group size	**Mixed-age group**	**Ratio**	**Group size**
		12 weeks–2 years	1:4	8
		2–6 years	1:8	16
		6–12 years	1:15	30
		Separate-age group	**Ratio**	**Group size**
		12 weeks–one year	1:3	6
		1–2 years	1:4	8
		2–3 years	1:6	12
		3–4 years	1:8	16
		5–6 years	1:10	20
		6–12 years	1:15	30
		Maximum centre size: 70 spaces		
	Training requirements	A centre director must be an ECCE III (have completed an approved ECCE III program or recognized certificate program or approved university degree) and one year's experience working in child care or a related field. Two thirds of staff caring for preschoolers must have an ECCE II (an approved diploma in child care from a community college or satisfactory completion of the Child Day Care Competency Based Assessment or an ECCE III (described above). There is a regulatory requirement for one ECCE II or ECCE III with each group of preschool-age children. One half of staff employed in a school-age program or a nursery school must be classified as an ECCE II or III.		
	Monitoring	Minimum of three visits each year, one of which is a re-licensing visit (policy, not regulatory requirement). Licensing staff required to be an ECCE III with experience in child care.		
Ontario	Ratio and group size	**Age group**	**Ratio**	**Group size**
		birth–18 months	3:10	10
		18 months–2.5 years	1:5	15
		2.5–5 years	1:8	16
		5–6 years	1:12	24
		6–10 years	1:15	30
		Maximum centre size:	Not specified	
	Training requirements	Supervisors must have a two-year ECCE diploma or equivalent and at least two years' experience working in child care. One staff person with each group must have a two-year ECCE diploma or equivalent. A ministry director can waive the educational requirements for supervisors or staff.		

	Monitoring	Annual licensing inspection (policy, not regulatory requirement, so may change as a result of down-loading responsibility for child care to municipal governments); additional unannounced drop-in visits may also be done. Program advisors are not required to have an early childhood education background; practice is to hire people with a background in child development, teaching or related field.		
Quebec	Ratio and group size	**Age group**	**Ratio**	**Group size**
		0–18 months	1:5	15
		18 months–3 years	1:8	30
		4–5 years	1: 10	30
		6–12 years	1: 15	30
		Maximum centre size:	80	
	Training requirements	Two thirds of all staff must have a college diploma or university degree in ECCE.		
	Monitoring	Permits (licences) for centres serving preschoolers issued for two years; no licence required for school-age care provided on school premises. No regulatory requirement for the frequency of visits by provincial officials, nor are they required to have a background in early childhood education.		
Prince Edward Island	Ratio and group size	**Age group**	**Ratio**	**Group size**
		0–2 years	1:3	6
		2–3 years	1:5	Not specified
		3–5 years	1:10	Not specified
		5–6 years	1: 12	Not specified
		7 years and up	1:15	Not specified
		Maximum centre size: 50 spaces		
	Training requirements	Supervisor and one full-time staff person in each program must have at least a one-year ECCE diploma or a university child study degree. Thirty hours of inservice training every three years is required for all staff.		
	Monitoring	Yearly licensing visit by a government official who is not required to have an early childhood education background.		
Newfoundland/ Labrador	Ratio and group size	**Age group**	**Ratio**	**Group size**
		under age 1	1:3	6
		2–3 years	1:5	10
		3–6 years	1:8	25
		7–12 years	1:15	25
		Maximum centre size: 50 spaces		
	Training requirements	Supervisor must have either a one-year ECCE certificate and one year's experience or a two-year ECCE diploma (with no requirement for experience). Supervisors appointed prior to 1989 are not required to have these qualifications. One staff member in each group must have a minimum of a one-year ECCE certificate and directors must have a two-year ECCE diploma.		
	Monitoring	Licences are renewed for periods of up to three years. One monitoring visit every six months is a statutory requirement. Government licensing officers do not have to have an early childhood background but the government is hiring people with ECCE credentials to work in each of the four regions and to provide consultation to the licensing officials and child care providers.		

<table>
<tr><td rowspan="7">Yukon</td><td rowspan="5">Ratio and group size</td><td>Age group</td><td>Ratio</td><td>Group size</td></tr>
<tr><td>0–18 months</td><td>1:4</td><td>8</td></tr>
<tr><td>18 months-3 years</td><td>1:6</td><td>12</td></tr>
<tr><td>3-6 years</td><td>1:8</td><td>16</td></tr>
<tr><td>6–12 years
Maximum centre size: 64 spaces</td><td>1:12</td><td>24</td></tr>
<tr><td>Training requirements</td><td colspan="3">50% of the regular staff must have completed a 60-hour ECCE introduction course or equivalent and 30% must have completed a one-year ECCE certificate course or equivalent. By 2000, 20% of the staff must have two years training in early childhood education or equivalent.</td></tr>
<tr><td>Monitoring</td><td colspan="3">One annual licensing inspection visit (statutory) and, in practice, three - five unannounced visits. Government licensing officials are required to have a background in early childhood education.</td></tr>
<tr><td rowspan="9">Northwest Territories</td><td rowspan="7">Ratio and group size</td><td>Age group</td><td>Ratio</td><td>Group size</td></tr>
<tr><td>birth-12 months</td><td>1:3</td><td>6</td></tr>
<tr><td>13-24 months</td><td>1:4</td><td>8</td></tr>
<tr><td>25-35 months</td><td>1:6</td><td>12</td></tr>
<tr><td>3 years</td><td>1:8</td><td>16</td></tr>
<tr><td>4 years</td><td>1:9</td><td>18</td></tr>
<tr><td>5 - 11 years
Maximum centre size: Not specified</td><td>1:10</td><td>20</td></tr>
<tr><td>Training requirements</td><td colspan="3">No ECCE training requirements.</td></tr>
<tr><td>Monitoring</td><td colspan="3">Licence granted for between three and five years. Annual inspections are a regulatory requirement and conducted by a program officer who is required to have a background in early childhood education.</td></tr>
</table>

* By April 2003, will implement a mandatory standard (though it will not be a regulation) requiring the director or designate, or 1:4 staff to have a one-year ECCE credential (Diane Lutes, personal communication, January 31, 2000). Centres have already been informed about this upcoming requirement. Note this is either/or; thus, if the director has the credential, it is not a requirement for any of the staff.

Sources: Childcare Resource and Research Unit (in press), telephone interviews with key informants in each province and territory in May 1999, follow-up interviews with Diane Lutes, Government of New Brunswick, and Helen Sinclair, Government of Newfoundland, January 2000.

Appendix B

Overview of Family Child Care Requirements by Jurisdiction, 1999

Jurisdiction	Variable	Unregulated	Regulated
British Columbia	Permitted numbers	No more than two children unrelated by blood or marriage, excluding the provider's own.	Up to seven, including the provider's own. No more than five preschoolers, three under age 3 or one under age 1.
	Educational requirements		Must have a first-aid certificate, no ECCE training requirements.
	Formal provisions for support	Network of child care support programs which have a mandate to provide support to the unregulated sector ("licence not required").	Annual licensing visit (policy, not statutory requirement) by a licensing official who is not required to have an ECCE background. Network of child care support programs.
Alberta	Permitted numbers	No more than six children under age 11, including the provider's own. Maximum of three under age 2.	No more than six children under age 11, including the provider's own. Maximum of three under age 2 and two under age 2.
	Educational requirements		None.
	Formal provisions for support		Providers connected with an agency that is expected to visit once a month (this is not a statutory requirement and may change as a result of the transfer to regional children's authorities). Home visitor not required to have ECCE background. Agency expected, but not required, to provide support services.
Saskatchewan	Permitted numbers	No more than eight, including the provider's own under age 13.	No more than eight, including the provider's own under age 13. No more than five under age 6; of these, only two can be under age 30 months.
	Educational requirements		Must have first-aid certificate, expected to attend two professional development workshops each licensing year (policy, not regulation).
	Formal provisions for support		Minimum of three visits a year by a government program consultant (policy, not regulation) who does not have to have an ECCE background.

Manitoba	Permitted numbers	No more than four, including the provider's own. Maximum of two children under age 2.	No more than eight, including the provider's own under age 12. Maximum of five children under age 6 and three children under age 2. **With two providers:** no more than 12 children under age 12, including the providers' own, no more than three may be under age 2.
	Educational requirements		Must have a valid first-aid certificate that includes CPR training relevant to the group being cared for. No ECCE training requirements.
	Formal provisions for support		Minimum of one licensing and three drop-in visits per year (policy, not regulation) by a government licensing official who must have an ECCE III and child care experience.
Ontario	Permitted numbers	No more than 5, excluding the provider's own.	No more than five, including the provider's own. Not more than two may be under age 2, not more than three under age 3.
	Educational requirements		If working with handicapped children, must have a first-aid certificate. No ECCE training requirements.
	Formal provision for support	200 family resource programs funded by the Child Care Branch with a mandate to provide support services to un-regulated providers.	Providers connected with an agency that is required by legislation to provide quarterly home visits. Home visitors must have an ECCE-related postsecondary program and at least two years' experience working with children. Regulatory requirement that agencies have a training plan for each provider but no requirement for type, frequency or length of training provided. Network of family resource programs.
Québec	Permitted numbers	No more than six, including the provider's own.	No more than six, including the provider's own under age 12. No more than two under age 18 months. **With two providers:** No more than nine, including the providers' own. No more than four under 18 months.
	Educational requirements		First-aid certificate within six months of starting to provide care and completion of a 45-hour ECCE training program within the first two years of starting.
	Formal provision for support		Providers connected with an agency that must do quarterly home visits. Home visitors are not required to have an ECCE qualification but must have three years' experience in direct services for children. Agencies expected to provide some training and support services.

New Brunswick	Permitted numbers	No more than five, including the provider's own under age 12. Maximum of two infants, maximum of four if children are age 2 to 5.	No more than six children age 0 to 12, including the provider's own. No more than three under age 2, or five between age 2 and 5. May have nine children, including own, if all of them are over age 6.
	Educational requirements		Must have first-aid training, no ECCE training requirements.
	Formal provision for support		Statutory requirement for an annual licensing visit and spot checks by provincial licensing officials who are required to have a B.A. in child studies, ECCE diploma or related qualification.
Nova Scotia	Permitted numbers	No more than six under school age, including the provider's own. May have eight if all, including the provider's own, are school age.	No more than six under school age, including the provider's own. May have 8 if all, including the provider's own, are school age.
	Educational requirements		None before starting to provide care. Required to attend 4 hours of ECCE workshops each year.
	Formal provision for support	Child Care Connections NS, Halifax, provides training and support to caregivers in its area.	Providers connected with an agency that must do two home visits each month (policy, not statutory). Two thirds of the home visitors in an agency must have a two-year ECCE diploma, or an ECCE certificate and experience (regulation). Agency required to provide 10 hours of workshops a year.
Prince Edward Island	Permitted numbers	No more than six in a mixed-age group up to age 10, with maximum of two under age 2. If all children are under age 2, maximum of three, maximum of five preschoolers with no more than two under age 2. All numbers include provider's own preschool children.	No more than seven children, including the provider's own under age 12. Maximum of three children under age 2.
	Educational requirements		30-hour ECCE training program within the first year of providing care.
	Formal provision for support		Annual licensing inspection by a government official (policy, not statutory) who is not required to have a background in early childhood education.
Newfoundland/ Labrador	Permitted numbers	No more than four, including the provider's own.	Effective June 1, 1999. No more than six mixed age including the provider's own under age 6. Maximum of three under age 3 or two under age 2. If all children are under age 2, maximum of three.

	Educational requirements		First-aid certificate. Will require an orientation course (expected to be 40 hours) in early childhood education within the first year of providing care.[1]
	Formal provision for support		Providers can either be linked with an agency or independently licensed. Agencies are required to do an annual monitoring visit and additional visits (frequency to be determined, probably monthly). Home visitors must have an ECCE certificate and a background or orientation in family child care. Independently licensed providers receive annual licensing visits and several other home visits per year by government consultants. Currently, government licensing officials are not required to have an ECCE background. The government is hiring people with ECCE credentials to work in each of the four regions and to provide consultation to the licensing officials and child care providers.
Yukon	Permitted numbers	No more than three, excluding the provider's own.	No more than eight, including the provider's own under age 6. Maximum of four infants, or no more than six pre-school children with a maximum of three infants. **With two providers:** may add four school-age children.
	Educational requirements		First-aid certificate. Completion of a 60-hour ECE course, family day care course or equivalent within the first year of providing care (policy, not regulation).
	Formal provision for support		Policy of one annual inspection and four or five unannounced spot checks per year by a government child care coordinator who is required to have a background in early childhood education.
Northwest Territories	Permitted numbers	No more than four, including the provider's own under age 12.	No more than eight, including the provider's own under age 12. Maximum of six age 5 or under, maximum of three under age 3, and maximum of two under age 2.
	Educational requirements		First-aid certificate. No early childhood training requirements.
	Formal provisions for support		Annual visits by a government program officer who is required to have a two-year ECCE diploma and four years' child care experience (both statutory requirements).

[1] Helen Sinclair, Department of Health and Community Services, personal communication, January 31, 2000.

Sources: Childcare Resource and Research Unit (in press). Also, telephone interviews with key informants in each province and territory in May 1999, and follow-up interview with Helen Sinclair, Government of Newfoundland, in January 2000.

Appendix C

The Social Union Framework Agreement

The following agreement is based upon a mutual respect between orders of government and a willingness to work more closely together to meet the needs of Canadians:

1. Principles

Canada's social union should reflect and give expression to the fundamental values of Canadians: equality, respect for diversity, fairness, individual dignity and responsibility, and mutual aid and our responsibilities for each other. Within their respective constitutional jurisdictions and powers, governments commit to the following principles:

All Canadians are equal

- Treat all Canadians with fairness and equity.
- Promote equality of opportunity for all Canadians.
- Respect the equality, rights and dignity of all Canadian women and men and their diverse needs.

Meeting the needs of Canadians

- Ensure access for all Canadians, wherever they live or move in Canada, to essential social programs and service of reasonably comparable quality.
- Provide appropriate assistance to those in need.
- Respect the principles of medicare: comprehensiveness, universality, portability, public administration and accessibility.
- Promote participation of all Canadians in Canada's social and economic life.
- Work in partnership with individuals, families, communities, voluntary organizations, business and labour, and ensure appropriate opportunities for Canadians to have meaningful input into social policies and programs.

Sustaining social programs and services

- Ensure adequate, affordable, stable and sustainable funding.

Aboriginal people of Canada

- For great certainty, nothing in this agreement abrogates or derogates from any Aboriginal treaty or other rights of Aboriginal people including self-government.

2. Mobility Within Canada

All governments believe that the freedom of movement of Canadians to pursue opportunities anywhere in Canada is an essential element of Canadian citizenship.

Governments will ensure that no new barriers to mobility are created in new social policy initiatives.

Governments will eliminate, within three years, any residency-based policies or practices which constrain access to post-secondary education, training, health and social services and social assistance unless they can be demonstrated to be reasonable and consistent with the principles of the Social Union Framework.

Accordingly, sector ministers will submit annual reports to the Ministerial Council identifying residency-based barriers to access and providing action plans to eliminate them.

Governments are also committed to ensure, by July 1, 2001, full compliance with the mobility provisions of the Agreement on Internal Trade by all entities subject to these provisions, including the requirement for mutual recognition of occupational qualifications and for eliminating residency requirements for access to employment opportunities.

3. Informing Canadians – Public Accountability and Transparency

Canada's Social Union can be strengthened by enhancing each government's transparency and accountability to its constituents. Each government therefore agrees to:

Achieving and Measuring Results

- Monitor and measure outcomes of its social programs and report regularly to its constituents on the performance of these programs.
- Share information and best practices to support the development of outcome measures, and to work with other governments to develop, over time, comparable indicators to measure progress on agreed objectives.
- Publicly recognize and explain the respective roles and contributions of governments.
- Use funds transferred from another order of government for the purposes agreed and pass on increases to its residents.
- Use third parties, as appropriate, to assist in assessing programs on social priorities.

Involvement of Canadians

- Ensure effective mechanisms for Canadians to participate in developing social programs and reviewing outcomes.

Ensuring fair and transparent practices

- Make eligibility criteria and service commitments for social programs publicly available.
- Have appropriate mechanisms for citizens to appeal unfair administrative practices and bring complaints about access and service.
- Report publicly on citizens' appeals and complaints, ensuring that confidentiality requirements are met.

4. Working in Partnership for Canadians

Joint planning and collaboration

The Ministerial Council has demonstrated the benefits of joint planning and mutual help through which governments share knowledge and learn from each other.

Governments therefore agree to:

- Undertake joint planning to share information on social trends, problems and priorities and to work together to identify priorities for collaborative action.
- Collaborate on implementation of joint priorities when this would result in more effective and efficient service to Canadians, including as appropriate joint development of objectives and principles, clarification of roles and responsibilities, and flexible implementation to respect diverse needs and circumstances, complement existing measures and avoid duplication.

Reciprocal notice and consultation

The actions of one government or order of government often have significant effects on other governments. In a manner consistent with the principles of our system of parliamentary government and the budget-making process, governments agree to:

- Give one another advance notice prior to implementation of a major change in a social policy or program which will likely substantially affect another government.
- Offer to consult prior to implementing new social policies and programs that are likely to substantially affect other governments or the social union more generally.

Governments participating in these consultations will have the opportunity to justify any potential duplication and to propose alternative approaches to achieve flexible and effective implementation.

Equitable treatment

For any new Canada-wide social initiatives, arrangements made with one province-territory will be made available to all provinces-territories in a manner consistent with their diverse circumstances.

Aboriginal Peoples

Governments will work with the Aboriginal Peoples of Canada to find practical solutions to their pressing needs.

5. The Federal Spending Power: Improving Social Programs for Canadians

Social transfers to provinces and territories

The use of the federal spending power under the Constitution has been essential in the development of Canada's social union. An important use of the spending power by the Government of Canada has been to transfer money to the provincial and territorial governments. These transfers support the delivery of social programs and services by provinces and territories in order to promote equality of opportunity and mobility for all Canadians and to pursue Canada-wide objectives.

Conditional social transfers have enabled governments to introduce new and innovative social programs, such as medicare, and to ensure that they are available to all Canadians. When the federal government uses such conditional transfers, whether cost-shared or block-funded, it should proceed in a cooperative manner that is respectful of the provincial and territorial governments and their priorities.

Funding predictability

The Government of Canada will consult with provincial and territorial governments at least one year prior to renewal or significant funding changes in existing social transfers to provinces-territories, unless otherwise agreed, and will build due notice provisions into any new social transfers to provincial-territorial governments.

New Canada-wide initiatives supported by transfers to provinces and territories

With respect to any new Canada-wide initiatives in health care, postsecondary education, social assistance and social services that are funded through intergovernmental transfers, whether block-funded or cost-shared, the Government of Canada will:

- Work collaboratively with all provincial and territorial governments to identify Canada-wide priorities and objectives.
- Not introduce such initiatives without the agreement of a majority of provincial governments.

Each provincial and territorial government will determine the detailed program design and mix best suited to its own needs and circumstances to meet the agreed objectives. A provincial-territorial government which, because of its existing programing, does not require the total transfer to fulfill the agreed objectives would be able to reinvest any funds not required for those objectives in the same or a related priority area.

The Government of Canada and the provincial-territorial governments meet or commit to meet the agreed Canada-wide objectives framework for such new social initiatives and investments.

All provincial and territorial governments that meet or commit to meet the agreed Canada-wide objectives and agree to respect the accountability framework will receive their share of available funding.

Direct federal spending

Another use of the federal spending power is making transfers to individuals and to organizations in order to promote equality of opportunity, mobility and other Canada-wide objectives.

When the federal government introduces new Canada-wide initiatives funded through direct transfers to individuals or organizations for health care, postsecondary education, social assistance and social services, it will, prior to implementation, give at least three months'notice and offer to consult. Governments participating in these consultations will have the opportunity to identify potential duplication and to propose alternative approaches to achieve flexible and effective implementation.

6. Dispute Avoidance and Resolution

Governments are committed to working collaboratively to avoid and resolve intergovernmental disputes. Respecting existing legislative provisions, mechanisms to avoid and resolve disputes should:

- Be simple, timely, efficient, effective and transparent.
- Allow maximum flexibility for governments to resolve disputes in a non-adversarial way.
- Ensure that sectors design processes appropriate to their needs.
- Provide for appropriate use of third parties for expert assistance and advice while ensuring democratic accountability by elected officials.
- Dispute avoidance and resolution will apply to commitments on mobility, inter-governmental transfers, interpretation of the Canada Health Act principles and, as appropriate, any new joint initiative.
- Sector ministers should be guided by the following process, as appropriate.

Dispute avoidance

Governments are committed to working together and avoiding disputes through information sharing, joint planning, collaboration, advance notice and early consultation, and flexibility in implementation.

Sector negotiations

Sector negotiations to resolve disputes will be based on joint fact finding.

A written joint fact-finding report will be submitted to governments involved, which will have the opportunity to comment on the report before its completion.

Governments involved may seek assistance of a third party for fact finding, advice or mediation.

At the request of either party in a dispute, fact-finding or mediation reports will be made public.

Review provisions

Any government can require a review of a decision or action one year after it enters into effect or when changing circumstances justify.

Each government involved in a dispute may consult and seek advice from third parties, including interested or knowledgeable persons or groups, at all stages of the process.

Governments will report publicly on an annual basis on the nature of intergovernmental disputes and their resolutions.

Role of the Ministerial Council

The Ministerial Council will support sector ministers by collecting information on effective ways of implementing the agreement and avoiding disputes and receiving reports from jurisdictions on progress on commitments under the Social Union Framework.

7. Review of the Social Union Framework Agreement

By the end of the third year of the Framework Agreement, governments will jointly undertake a full review of the agreement and its implementation and make appropriate adjustments of the framework as required. This review will ensure sufficient opportunities for input and feedback from Canadians and all interested parties, including social policy experts, private-sector and voluntary organizations.

Source: Text of *A Framework to Improve the Social Union for Canadians: An Agreement Between the Government of Canada and the Governments of the Provinces and Territories*. Published in *The Globe and Mail*, February 5, 1999, page A 13.

Appendix D

Summaries of Selected Research on Child Care in Canada

by Marilynn Kuhn

Marilynn Kuhn, M.H.A., is a private consultant with a background in adult education and health promotion. She has managed a wide range of research, writing and resource development projects, many in collaboration with organizations promoting healthy child development.

The following summaries were written to assist practitioners/leaders in the child care sector to access relevant documents and key research data and conclusions. The documents selected were those thought to be most important for use in education and advocacy activities. Each summary provides:

- contact information for ordering the document;
- a brief statement of the issues and the sources of data or other background information used to prepare the document; and
- a summary of the key points made.

The summary information follows the outline of the original document. Therefore, anyone wanting more detailed information on an issue can easily find the relevant chapter or section of the original.

The following documents have been summarized:

Beach, J., Bertrand, J., & Cleveland, G. (1998) *Our Child Care Workforce: From Recognition to Remuneration – More Than a Labour of Love*. Ottawa: Canadian Child Care Federation

Beach, J. & Bertrand, J. (1999) Mobility of early childhood care and education credits and credentials in Canada. In Canadian Child Care Federation (ed.), *Research Connections Canada: Supporting Children and Families (2)*, pp. 101–140. Ottawa: Canadian Child Care Federation

Cleveland, G. & Krashinsky, M. (1998) *The Benefits and Costs of Good Child Care – The Economic Rationale for Public Investment in Young Children: A Policy Study*. Toronto: Childcare Resource and Research Unit

Doherty, G. (1998) *Zero to Six: The Basis for School Readiness*. Ottawa: Human Resources Development Canada. R-97-8E

——— (1999) Elements of quality. In Canadian Child Care Federation (ed.), *Research Connections Canada: Supporting Children and Families (1)*, pp. 5–56. Ottawa: Canadian Child Care Federation

——— (2000) Mentoring as a Strategy for Promoting Quality in Child Care. In Canadian Child Care Federation (ed.), *Research Connections Canada: Supporting Children and Families* (4), pp. 25-34. Ottawa: Canadian Child Care Federation

——— (1999) Multiple stakeholders: multiple perspectives. In Canadian Child Care Federation (ed.), *Research Connections Canada: Supporting Children and Families (1)*, pp. 57–81. Ottawa; Canadian Child Care Federation

Doherty, G., Lero, D.S., Goelman, H., LaGrange, A., and Tougas, J. (1999) ***Study One****: You Bet I Care! A Canada-Wide Study on Wages, Working Conditions and Practices in Child Care Centres;* (2000) ***Study Two****: You Bet I Care! Caring and Learning Environments: Quality in Child Care Centres Across Canada;* (2000) ***Study Three****: You Bet I Care! Quality in Regulated Family Child Care Across Canada*. Guelph: Centre for Families Work and Well-Being

Dunster, L. (Project Manager) (1998) *National Family Day Care Training Project: Synthesis Report*. Ottawa: Canadian Child Care Federation

Kuhn, M. (1999) Professionalism and quality. In Canadian Child Care Federation (ed.), *Research Connections Canada: Supporting Children and Families (2)*, pp. 65–90. Ottawa: Canadian Child Care Federation

McCain, M.J. & Mustard, J.F. (Co-chairs) (1999) *Early Years Study: Final Report*. Toronto: Ontario Children's Secretariat

Morris, J. (1998) *Current Trends and Issues in Early Childhood Care and Education Training*. Ottawa: Canadian Child Care Federation

Taylor, A.R., Dunster, L. and Pollard, J. (1998) ...And This Helps Me How?: Family Child Care Providers Discuss Training. *Early Childhood Research Quarterly*. vol. 14, no. 3, pp. 285-312, New York: National Association for the Education of Young Children.

DOCUMENT

Beach, J. & Bertrand, J. (1999) Mobility of early childhood care and education credits and credentials in Canada. In Canadian Child Care Federation (ed.), *Research Connections Canada: Supporting Children and Families (2)*, pp. 101–140. Ottawa: Canadian Child Care Federation

ISSN 1488-1160
Length: 175 pages (full document)
Cost: $25.00 (incl. tax & shipping)

Source

Canadian Child Care Federation
383 Parkdale Avenue, Suite 201
Ottawa ON K1Y 4R4

Tel: (613) 729-5289 or 1 800 858-1412
Fax: (613) 729-3159
Email: cccf@cfc-efc.ca

Issues

This report examines issues related to early childhood care and education (ECCE) postsecondary education credentials and credits. Specifically, it describes and discusses:

- the Canadian context of postsecondary ECCE education and provincial ECCE credentials;
- issues of transferring ECCE credentials across jurisdictions or course credits across institutions; and
- innovative practices in three postsecondary institutions.

The report also makes recommendations to increase ECCE credit and credential mobility.

Summary

The Canadian Context

ECCE postsecondary programs are delivered by approximately 120 institutions. These include publicly funded community colleges, collèges d'enseignement général et professionel (cégeps) in Quebec, and some private institutions. About 8,000 participants are enrolled full time in these programs, and a further 12,000 in continuing and distance education.

The child care sector study found that the ECCE certificate and diploma program curricula across Canada had similar content. This reflects some level of agreement on a common core of knowledge and skills. However, there are also differences and these pose challenges for transferring ECCE credentials across jurisdictions or course credits across institutions.

The organization of ECCE postsecondary training is influenced by regulations set by provincial/territorial governments for regulated ECCE services. Staff qualifications are one of the conditions of program licensing. Training requirements related to staffing in centres vary considerably across the country and ECCE training is sensitive to these differences.

Credit and Credential Mobility

The issues discussed in this report are essential components of career mobility for those working in ECCE. Yet, no common terminology exists for the concepts. Definitions used in the report were:

- ***Transferability*** The student's ability to transfer ECCE course credits to a similar program in another institution *before* completing the course of study.
- ***Articulation*** The student's ability to obtain advanced standing in another program at the same or a different institution *after* successfully completing the course of study (e.g. to have a diploma count toward getting a degree).
- ***Portability*** The ability to transfer an ECCE credential from one province or territory to another in Canada or to early childhood services outside of licensed centre-based programs.

Issues of transferability arise in a number of contexts. They may be within similar institutions in the same jurisdiction, between a college and a university, or between different delivery models within the same institution (e.g. full-time and continuing education). Resolving differences between independent postsecondary institutions poses many problems. Transferability has been approached with varying strategies, but most often on a course-by-course comparison basis. Even where institutions have agreed on a core ECCE curriculum and developed a common across-program standard, such as in Ontario, institutions may organize their courses differently making transfer of credits difficult.

Articulation is more likely to occur as a "block transfer." One institution allows a number of credits to a student for a completed certificate, diploma or degree program from another institution. This is usually facilitated by individual articulation agreements between institutions and not by province- or territory-wide policies. Many articulation agreements exist across Canada with respect to postsecondary ECCE, but there is no national inventory of them.

Acceptance of ECCE credentials across provincial or territorial borders is usually dealt with by the government unit responsible for licensing child care programs, although in Ontario and British Columbia this responsibility is delegated to a non-governmental body. Once again, there is no consistent standard or process nationally.

Innovative Practices

This section of the report is based on key informant interviews. It provides case studies of three settings in which the policies and formal arrangements among institutions illustrate promising approaches. The programs described are the School of Child and Youth Care at the University of Victoria, the Early Childhood Education Program at Red River College, and the Early Childhood Education Program at Algonquin College.

Conclusions and Recommendations

The report concludes with a summary of opportunities and barriers to increasing ECCE credit and credential mobility at this time. It lists four key players at the national level that could help move this issue forward. Finally, it outlines four short-term steps and five longer-term actions to promote credit mobility and credential portability. The four short-term steps are:

- creating a national clearinghouse for ECCE credential information;
- holding a national forum of ECCE college and university faculty and registrars;
- encouraging a consortium of colleges with diploma and certificate programs to establish a transfer protocol. This could be initiated by those that are ready and other programs could join later; and
- developing national ECCE guidelines and a process for program review. This could build on an existing process of the Canadian Child Care Federation Training Committee to develop a self-assessment tool for ECCE training programs.

DOCUMENT

Beach, J., Bertrand, J., & Cleveland, G. (1998) ***Our Child Care Workforce: From Recognition to Remuneration — More Than a Labour of Love.*** **Ottawa: Canadian Child Care Federation**

English copies of this report are no longer available. An executive summary of the report is available at no cost.

Source

Canadian Child Care Federation
383 Parkdale Avenue, Suite 201
Ottawa ON K1Y 4R4

Tel: (613) 729-5289 or 1 800 858-1412
Fax: (613) 729-3159
Email: cccf@cfc-efc.ca

Background

Working with a Steering Committee made up of representatives of the Canadian child care sector, the researchers used a number of information sources to develop their report. These included:

- existing economic and demographic data;
- information about legislation, policies and programs in each province and territory;
- 17 key informant interviews with officials of federal and provincial/territorial governments, 55 with federal/provincial organizations, and nine with people affiliated with training institutions;
- focus groups involving 290 caregivers in all provinces and one territory;
- a survey of approximately 1100 caregivers in regulated family child care;
- a survey and review of formal and informal education and training opportunities; and
- a comparison of the literature on human resource issues in the child care occupation with five other countries.

Issues

This study examines human resource issues associated with employment in child care in Canada and makes recommendations for action. It includes:

- a profile of the child care workforce;
- a description of the current context of child caregiving in Canada. The context includes the many different child care arrangements and early education services, economic and public policy factors, and caregivers' training, education and development; and
- the challenges of caregivers related to their working environment, skills and recognition.

Issues related to child care for Aboriginal children were not specifically addressed, although caregivers working with Aboriginal children were included in the consultation process.

Summary

Introduction

The child care workforce as defined in this study includes caregivers working in various settings, including licensed/regulated child care centres, nursery schools, family child care homes, and unregulated child care settings in private homes or in the home of the child. It does not include family support or early intervention programs, or kindergarten teachers.

The report provides a profile of caregivers in the child care workforce based on 1991 data. Information for centre-based staff collected in 1998 is available in *You Bet I Care!*, a Canada-wide study on wages, working conditions and practices in child care centres. It is included with this series of summaries. Information from 1997 for family child care providers is available in *Providing Home Child Care for a Living.*[1]

The Context of Caregiving

The context of caregiving examines the services provided, the demand for services, and the organizations that educate and support the caregivers.

Services

Three central and related issues related to child care services are availability, affordability and quality. These have an impact on children and their parents, and also on paid caregivers.

Availability: In 1994–95, approximately 1.1 million children under the age of 12 were in some form of non-relative, paid child care arrangement. In 1995, just under 475,000 regulated child care spaces for children under 12 years of age were reported in all provinces and territories. Most regulated centre-based programs were for regular, full-time daytime care only.

Despite the limited number, not all of the available regulated spaces were filled. Reasons assumed for the vacancies include the high cost of the regulated sector, the existence of a large unregulated sector, parents' need for great flexibility to accommodate their hours of work and children's special needs, and the lack of public awareness of regulation and quality.

The single largest group of children in paid child care in Canada is in unregulated family child care settings. This is approximately 34% of children under 12 years according to the National Longitudinal Study of Children and Youth (NLSCY). There is currently very little information on this form of care. Care in the child's home provided by nannies and other caregivers accounts for just over 14% of children under 12 years of age.

Affordability: Child care is a labour-intensive occupation. Therefore, wages are the largest proportion of the cost. Revenues come primarily from parent fees and government subsidies.

Government funding for child care comes as:
- operational grants or fee assistance for low-income families paid directly to centres and day care homes;
- direct funding to parents participating in training programs under employment insurance sponsorship or making the transition back to the workforce from social assistance; and
- indirectly as a tax deduction for child care expenses.

Given variations in government subsidies and caregiver wages, the cost to parents varies considerably across jurisdictions. However, full fees in regulated care are out of reach for many parents and most families do not receive subsidies.

Quality: The working definition of quality for the sector study was care that:
- supports and assists the child's physical, emotional, social, language and intellectual development; and
- supports and complements the family in its child-rearing role.

Research shows a strong link between program quality, child outcomes and a "skilled, competent, caring and stable workforce." Quality in child care is, therefore, a human resource issue.

Implications: These factors have a number of implications for governments and the child care sector, including:
- the need for a coherent or coordinated child care policy in Canada involving federal and provincial/territorial government action to establish and maintain quality child care services, related infrastructures and research strategies;
- the need for service delivery models that are more flexible in their operation and more comprehensive in the populations they serve;
- a need to re-examine budgetary priorities and provide public funding to ensure that quality child care services are affordable and accessible to Canadian families; and
- a need for better labour market information to provide accurate information on the various occupations within the child care workforce.

Demand

Changing demand for child care will be influenced by demographic trends, economic factors affecting participation in the labour force, and public policy. Some issues related to demand are:

- stable population growth: The number of children under age 6 will not change substantially in the next 5 to 10 years;
- immigration patterns: The majority of immigrants in recent years are from the Far East and Africa in contrast to earlier immigration patterns dominated by western European countries and Britain;
- family incomes: Increasing employment in part-time and contract work means many young families have less stable jobs, limiting their capacity to pay for child care;
- cost of different types of care; and
- public policy: Governments have given conflicting signals about future trends. On the one hand, there has been downsizing, devolution and deficit reduction. On the other hand, governments have indicated their increasing awareness and knowledge about the importance of quality early childhood experiences and their long-term impact on society. The latter has resulted in a renewed interest from government and others in programs that serve children and families.

Implications: These issues affecting demand for child care services suggest:

- a need to develop an early childhood workforce which can transfer skills, abilities and credentials across different settings;
- a need for consistent public policy that will not further fragment the fragile infrastructure that currently exists; and
- an increased public awareness of caregivers' roles and responsibilities that will build public support for increased investments in early child care and education.

Institutions and Organizations That Prepare and Support Caregivers

This section provides an overview of postsecondary early childhood education (ECE and related credit programs available across Canada and describes some of the child care organizations that support caregivers and promote child care issues.

Over 130 postsecondary institutions.provide either certificate (1-year) or diploma (2- or 3-year) programs and 16 offer degrees in early childhood studies. A relatively small number offer credit programs in specialized areas such as infant/toddler care, administration or special needs children. Most focus on preparing students to meet the training requirements of their jurisdiction for caregivers in regulated, centre-based settings. Similar content is offered in most certificate and diploma programs reflecting a common core of knowledge and skills. In 1995–96, more than 20,000 students were enrolled in ECE college programs in Canada. Estimates from the survey information suggest there are about 4,000 graduates each year.

Most postsecondary institutions have had a number of challenges in recent years, such as reductions in program financing, restructuring, constraints in public spending and increases in student tuition fees. These have had an impact on ECE programs, often in the area of supervised field practicums, a critical ingredient of ECE training.

A number of child care organizations exist at the national, provincial/territorial and local levels. They help to keep child care issues in the public forum and to support caregivers. Many of these operate with little or no public funding and often find it difficult to maintain themselves solely with membership fees. Many caregivers do not belong to any child care organization.

Challenges Facing the Child Care Workforce

The issues facing the child care workforce are grouped into three areas: work environment, the skills needed, and recognition for the value of the work.

Work Environment

The work environments of caregivers vary considerably. However, common problems include low wages, few benefits, difficult work and limited career opportunities. Current information on these issues is available in the *You Bet I Care* report for centre staff, and in the two surveys on family child care providers listed in the endnote.

While it is relatively easy to enter the child care workforce, opportunities for mobility and advancement are limited. Better bridges between different levels of education and training and between different types of child care programs and related services would help to increase career mobility. This would require government intervention with policy and funding; the ability to transfer credentials among various postsecondary college and university programs (articulation); and closer collaboration and cooperation among organizations which represent the child care workforce.

Skills

Research confirms that "a caregiver's skills contribute both to the quality of care provided and to child development outcomes." Postsecondary education programs are central to the initial training and ongoing development of caregivers. Curricula have generally been developed with an emphasis on preparation for centre-based work. Gaps identified in current curricula included education/training related to:

- using a family-centred approach to child care;
- the care of infant/toddler and school-age youngsters;
- the inclusion and support of children with special needs; and
- preparation to work with cultural, linguistic and racial diversity.

An additional gap identified by caregivers was guiding children with behaviour challenges.

Other areas of concern identified in relation to postsecondary education included:

- reduction in resources to support field placements, a crucial part of training;
- recruitment and selection processes that do not address personal as well as academic suitability for the work;
- lack of focus on the education needs specific to caregivers in family child care;
- lack of training for administration and management of child care programs; and
- barriers which limit access such as cost, location, course schedules and course sensitivity to ethnocultural and linguistic backgrounds of participants.

Recognition Challenge

Lack of recognition of the roles and responsibilities of caregivers of young children is linked to their low compensation. Low compensation in turn reinforces the lack of recognition. The majority of caregiver groups reported lack of respect as a significant working condition issue. Three strategies that have been used to increase recognition are advocacy, unionization and professionalization. National and provincial advocacy groups have worked to keep child care on the public agenda and to improve compensation. Unions have advocated for increased public investment in child care, although relatively few caregivers are unionized (20% in centre-based programs).

Professionalization generally implies an infrastucture for self-regulation, including a code of ethics and standards of practice; certification procedures for practitioners; and accreditation of training institutions. There is a mixed response in the sector to issues related to professionalization. Concerns include the possibility that professionalization could:

- exclude many caregivers;
- reduce the need for government's direct involvement in regulation and monitoring; and
- have little impact unless accompanied by increased public investment.

Caregivers participating in the study did not identify professionalization as a human resource issue, although they did mention issues associated with professionalization.

Moving Forward

The recommendations of the report are directed to governments, child care organizations, postsecondary institutions, employers of caregivers and members of the child care workforce. They are based on the premise that the enhancement of the quality of child care services is a priority for all parties and that human resource issues are central to quality child care. The recommendations cover public policy, legislation and funding; infrastructure; wages, benefits and working conditions; training and education; and research.

Endnote

1. *Providing Home Child Care for a Living: A Survey of Providers Working in the Regulated Sector* and *Providing Home Child Care for a Living: A Survey of Providers Working in the Unregulated Sector in Their Own Home*. Data for both reports collected in 1997. Both are available through the Canadian Child Care Federation.

DOCUMENT

Cleveland, G. & Krashinsky, M. (1998) ***The Benefits and Costs of Good Child Care – The Economic Rationale for Public Investment in Young Children: A Policy Study*. Toronto: Childcare Resource and Research Unit**

ISBN: 1-896051-03-0
Length: 100 pages
Cost: $18.00 (+GST, shipping included)

Source

Childcare Resource and Research Unit
455 Spadina Avenue
Toronto ON   M5S 2G8

Tel: (416) 978-6895
Fax: (416) 971-2139
Email: crru@chass.utoronto.ca

Issues

This study examines economic arguments for spending public resources on the care of young children. It outlines the costs and benefits of a universal, publicly funded, good child care program and determines that the benefits of such a program, not only to individual families but also to society, exceed the costs by a factor of two to one.

Summary

Economic Theory

The authors argue that in order to justify spending public funds on child care, it is important to make economic arguments that child care benefits the public as well as individual families. Also, these benefits need to be demonstrated to be greater than the costs.

Economics uses its own language and concepts to describe and analyze transactions. A central concept is the "market." The market is the sale and purchase of goods or services (e.g. the service of child care being purchased by a parent). The concept of "market failure"—for example, when the real cost of a service is unaffordable by the average purchaser who needs the service—is discussed in relation to the purchase of child care services. Market failure in child care is one argument for financial intervention by government.

Effects of Good Child Care on Children's Learning and Development

A publicly funded good-quality child care program would result in two kinds of changes in consumer behaviour in the child care market:

- a switch from parent/relative care only to good-quality non-parental child care; and
- a switch from low-quality to high-quality, non-relative care.

Both of these shifts have acknowledged benefits for children, but assigning a monetary value to these benefits is difficult.

Studies demonstrate long-term developmental benefits (e.g. at age 10 years) of good child care for ordinary children even when other factors such as socio-economic status, child's gender, etc. are considered. There are also long-term developmental benefits of special compensatory preschool programs for disadvantaged children.

In addition to benefits to the children and their families, public benefits arise from supporting early childhood development. These can be measured in terms of the reduced costs when children repeat fewer grades and require fewer special services in public schools. They can also be measured in terms of the increased economic contributions to society associated with higher rates of completion of high school (which increase the individual's likelihood of paid employment and paying taxes).

Economic Effect of Accessible, Good Child Care on Mothers

The study reviews research on women's (both married women and lone mothers) participation in the labour market, particularly how their decisions about employment are influenced by concerns about child care. The employment-related decisions of women with children have a significant impact on their lifetime income and hence their economic contribution to society. For example, non-participation not only reduces the woman's life-time earnings, it also reduces the income taxes she pays to goverment.

Employment Provided by a Government Program of Child Care Assistance

The authors conclude that a comprehensive, good child care program is unlikely to provide a net increase in the number of child care jobs. Rather, a comprehensive government program would result in a shift in employment from unregulated to regulated care. In other words, many families currently using neighbours or relatives as babysitters would shift to quality regulated care if it were available and affordable. This would change the kind of child care employment available but not the numbers of people employed in child care.

Adding Up the Benefits and Costs of Good Child Care

The study acknowledges the difficulty in translating children's benefits from quality child care into dollars. Financial benefits to parents are easier to measure since there is research that examines lifetime wages, and the loss in wages related to extended absence from the workforce. Based on calculations using the current population of 2- to 5-year-olds and their families, the net cost of a new child care program is calculated at $5,329,000 per year. The anticipated child development benefits are calculated at $4,308,000 per year; and the labour force benefits to mothers at $6,240,000 per year, equalling total benefits of $10,548,000 per year.

The net benefit of a comprehensive, good child care program is then calculated as ($10,548,000–$5,329,000) $5,219,000 per year, the difference between costs and benefits, or a benefit of approximately $2 for every dollar invested.

Conclusion

Child care is a worthwhile investment of scarce public resources and should be given high priority in the allocation of public funds.

DOCUMENT

Doherty, G. (1998) *Zero to Six: The Basis for School Readiness.* Ottawa: Human Resources Development Canada. R-97-8E

Length: 115 pages
Cost: Free of charge

Source

Applied Research Branch, Strategic Policy,
Human Resources Development Canada
140 Promenade du Portage, Phase IV, 4th Floor, Hull QC K1A 0J9

Fax: (819) 953-8584
Email: nancy.zalman@spg.org

Issues

This document reviews the literature on areas defined as important components of school readiness. It summarizes research on the very early years of a child's life in terms of how experiences during this period act as a foundation for achievements in school and for all aspects of success as an adult.

Summary

Context

School readiness refers to the physical, emotional, social, language and cognitive skills required of a 6-year-old child to take advantage of the learning opportunities offered by the formal school system. This chapter looks at:

- the links between a child's readiness for formal schooling and success in the first year of school;
- the relationship of early school success to high school completion;
- the link between high school completion and later employability; and
- the cost to society of citizens who are not able to realize their potential economically and/or socially in society.

Components of School Readiness

This chapter briefly examines the following five components of school readiness and the implications if children are not "ready" for school:

- physical well-being and appropriate motor development;
- emotional health and a positive approach to new experiences;
- age-appropriate social knowledge and competence;
- age-appropriate language skills; and
- age-appropriate general knowledge and cognitive skills.

The importance of all five areas is emphasized, not just the last two, which are more obviously related to academic success.

Determinants of School Readiness

This chapter looks at research related to factors that influence a young child's development in each of the five areas. These include factors related to prenatal development, to a child's physiological growth and development, and to a child's relationships and interaction with the environment. The research emphasizes the connections among a child's innate abilities, experiences and physiological maturation, and the importance of each developmental stage as a building block for those that follow.

Critical Periods

Research into development of the brain in the early years has identified specific periods when the brain is particularly sensitive to certain kinds of experience for the development between nerve cells. This chapter reviews research related to such periods for the development in each of the five areas of school readiness.

Resources Available to Children in the Late 1990s

This chapter examines the influence of family and community factors on the five components of school readiness. Areas discussed include family income, parental time available and approaches to guidance and socialization, and community resources that support families and children. The author concludes that combinations of inadequate income, the economic need for both parents to work, lack of access to quality non-parental care and high levels of stress among parents make it difficult for many parents to provide the support needed by their children to enable them to be ready for school at age 6.

DOCUMENT

Doherty, G. (1999) Elements of quality. In Canadian Child Care Federation (ed.), *Research Connections Canada: Supporting Children and Families (1)*, pp. 5–56. Ottawa: Canadian Child Care Federation.

ISSN 1488-1160
Length: 157 pages (full document)
Cost: $25.00 (incl. tax & shipping)

Source

Canadian Child Care Federation
383 Parkdale Avenue
Ottawa ON K1Y 4R4

Tel: (613) 729-5289 or 1 800 858-1412
Fax: (613) 729-3159
Email: cccf@cfc-efc.ca

Issues

This document reviews and discusses research on three kinds of factors that contribute to quality in child care:

- **Structural elements:** Factors that are subject to regulation such as child–staff ratios;
- **Contextual elements:** Factors outside an individual home or centre room that influence quality (e.g. the director's administrative style, support available to the provider or government regulations); and
- **Process elements:** Factors associated with the child's daily experience (e.g. interaction between provider and child and the availability of toys and books).

Summary

Introduction

The term "quality" refers to the extent to which something is desirable or meets more than minimal standards." In early childhood settings, quality is significant both in terms of the child's development and the child's health and safety.

Reasons to be concerned about quality include:
- strong evidence that the social, emotional and cognitive skills developed in the first 6 years of life are the foundation for competence as an adult;
- the number of children under age 6 with a lone parent or both parents working or studying full time. The majority of these children receive non-relative care; and
- evidence of the negative impact of poor-quality child care on children's well-being and development, even those from a more advantaged family background;

Each of the elements in the following discussion is important, but their impact on the overall quality of care stems from the interaction among them.

Structural Elements: What Does the Research Tell Us?

Quality begins with attention to the physical setting, including basic sanitary procedures and appropriate space for children.

Other structural elements that influence the quality of care are adult–child ratios, total group size, and the care provider's level and type of education. Favourable ratios, smaller group size (although not too small) and the care provider's specialized education in child care all contribute to quality. These factors work primarily through the positive effect they have on the interaction between adults and children.

Structural Elements: Necessary but Not Sufficient

Researchers have used statistical analysis to determine how much the structural elements of quality influence children's development. They determined that structural elements are significant and suggest they should be regulated. However, although they are important, structural elements probably account for less than 50 percent of the differences in quality among child care settings. Contextual elements and process elements are also important.

Contextual Elements: What Does the Research Tell Us?

Contextual elements that have been researched include:
- the director's administrative style;
- the organizational climate;
- auspice;
- wages and working conditions;
- sponsorship of family day care homes;
- government regulations; and
- government funding.

All have been found to influence child care quality.

Like the structural elements of quality, these factors are linked in various ways to one another. Many are linked to the job satisfaction of care providers. Job satisfaction, in turn, is linked to staff turnover rates and to the care providers' interaction with children.

Process Quality: What Does the Research Tell Us?

Process quality refers to the child's daily experience. Researchers have looked at four areas of this experience:

- the amount and type of interaction between the care provider and the child;
- the types and variety of experiences provided;
- the extent to which children have a consistent care provider; and
- the extent and nature of parent involvement in the centre or family day care home.

Research confirms that it is the relationship between the care provider and the child that is the *most* important factor in high-quality early education and care. Children's social competence, language and cognitive development are positively promoted by providers who are warm and supportive, actively involved with the children, responsive to their verbal and non-verbal cues, and encouraging of verbal interaction, including discussion of what the children would like to do. There is also increasing awareness, but little research, related to the importance of care providers valuing and addressing cultural differences.

Process quality — or children's daily experience — is the central feature of the quality of the care they receive. However, process quality cannot be viewed independently of structural quality and contextual quality, both of which strongly influence the behaviour of care providers.

DOCUMENT

Doherty, G. (2000) Mentoring as a Strategy for Promoting Quality in Child Care. In Canadian Child Care Federation (ed.), *Research Connections Canada: Supporting Children and Families (4)*, pp. 25-34. Ottawa: Canadian Child Care Federation.

Length: 185 pages (full document)
Cost: $25 (incl. tax & shipping)

Source

Canadian Child Care Federation
383 Parkdale Avenue, Suite 201
Ottawa ON K1Y 4R4

Tel: (613) 729-5289 or 1 800 858-1412
Fax: (613) 729-3159
Email: cccf@cfc-efc.ca

Issues

This article reviews the North American literature on mentoring as a strategy to improve quality in early childhood care and education.

Summary

What Is Mentoring?

This article uses the following definition of mentoring: "A nurturing process in which a more skilled or more experienced person, serving as a role model, teaches, sponsors, encourages, counsels and befriends a less skilled or less experienced person for the purpose of promoting the latter's professional and/or personal development."

The key elements of mentoring are:
- nurturing;
- teaching and encouraging intentional learning; and
- befriending, in other words, being accepting and supportive.

Mentoring is distinct from the role of supervising. Although it is seen as particularly helpful to new graduates in their first year of employment, mentoring is also increasingly seen as part of a continuum of professional development. As the person receiving mentoring (the protégé) moves from the status of novice to someone who has mastered the basic competencies, the mentoring strategies change. The mentor's role becomes more that of a peer or co-enquirer reflecting with the protégé on what is being done and alternatives. The skills learned in this process are basic to becoming a reflective practitioner.

The Use of Mentoring in Child Care in North America

There are few Canadian examples of mentoring, and the majority of these operate without additional funds or a supportive infrastructure. The *Partners in Practice* project has developed a mentoring model for ECCE practitioners which has been field tested in three sites with protégés at different stages in their careers. A workbook is being tested (Oct. 1999–June 2000) for integrating mentoring into the field practice of postsecondary ECCE studies.

Other mentoring initiatives exist in the United States that work with both centre-based and family child care providers.

Perceived Strengths of Mentoring

A few of the many strengths of mentoring identified in the literature are:

- easing entry of new practitioners into the profession;
- providing non-threatening, supportive relationships in which it is safe to ask questions;
- providing a structured method to encourage reflection in both the mentor and the protégé;
- breaking the isolation from peers experienced by some child care practitioners;
- providing professional development for both the mentor and the protégé;
- providing recognition for accomplishment; and
- assisting in the retention of experienced people by giving them a new role.

Requirements for Successful Mentoring Programs

So that experienced child care providers may not be set up for failure in their efforts as mentors, there is a need for:

- specific training for mentors;
- an infrastructure to support mentors and provide ongoing skills development. Infrastructure is also important in recruiting, screening and linking mentors and protégés;
- ongoing core funding;
- uninterrupted time and quiet meeting space;
- support of the director and of co-workers for the work of the mentor; and
- strategies to overcome access issues such as geography, language and funding.

Effectiveness of Mentoring

Research on mentoring is limited. However, existing research suggests that it can have a positive effect on protégé behaviour with children and reduces the probability of both mentors and protégés leaving the field.

DOCUMENT

Doherty, G. (1999) Multiple stakeholders: multiple perspectives. In Canadian Child Care Federation (ed.), *Research Connections Canada: Supporting Children and Families (1)*, pp. 57–81. Ottawa: Canadian Child Care Federation

ISSN 1488-1160
Length: 157 pages (full document)
Cost: $25.00 (incl. tax & shipping)

Source

Canadian Child Care Federation
383 Parkdale Avenue, Suite 201
Ottawa ON K1Y 4R4

Tel: (613) 729-5289 or 1 800 858-1412
Fax: (613) 729-3159
Email: cccf@cfc-efc.ca

Issues

This report reviews a wide range of literature related to quality child care as perceived by different stakeholder groups such as professionals, children, parents and members of specific communities. It also discusses how different stakeholders can be involved in defining and promoting quality.

Summary

The Reality of Multiple Perspectives

North American perspectives of quality in early care and education have been predominantly shaped by experts in the field. Experts tend to use concrete, objective concepts of quality. These are linked to measurable, positive outcomes for children, outcomes that have also been defined by experts. However, other voices are starting to be recognized, including those of children, parents, front-line child care providers, the community and society at large.

There are many implications in recognizing the reality of multiple perspectives related to quality. Within multiple perspectives, quality can no longer be seen as an objective, static concept. Understanding quality becomes a dynamic and ongoing process that is based on dialogue and interaction reconciling different points of view.

Concepts of quality in child care are also influenced by the broader social and economic context. Societal goals vary among countries. A country's goals, and its expression in public policy, reflect its values. In terms of quality in child care, these values are reflected in the outcomes that are accepted as evidence of quality. For example, the United States emphasizes school readiness while the Scandinavian countries focus on socio-emotional development.

Despite these different perspectives, research across different countries and cultures suggests there are some values central to children's well-being that are held universally. Widely valued are such things as safe and healthful care; care that promotes equality of opportunity and provides developmentally appropriate stimulation; and care that promotes positive interaction with adults, individual emotional growth and positive relationships with other children.

Multiple Perspectives: What Does the Research Tell Us?

Research sheds some light on the similarities and differences within and among different stakeholder groups regarding the nature of quality child care.

There is limited research on the perspective of children themselves. Young children under 6 have indicated that "quality" from their perspective is related to being with other children, having "fun" activities, and access to a variety of toys. Older children have expressed a range of activity preferences with a tendency for younger groups (under 10 years) to prefer quiet activities or creative arts and older groups (ages 10 to 12) to prefer skill-building activities and more active pastimes.

Factors important to all parents in assessing quality include a warm adult–child relationship, good health and safety standards, and communication with the care provider. Other quality considerations vary with the age of the child, any special needs of the child, and being a member of a minority or immigrant group. Immigrant parents, for example, want to feel assured their children are accepted and supported both in retaining their home culture and language and in learning Canadian ways.

Quality from the perspective of centre-based child care providers is associated with working conditions, including reasonable salary and benefits, supportive directors, positive interactions with colleagues and reasonable numbers of children to care for. There is less research on family child care providers. What exists tends to stress the importance of support from other family members, parents and provider networks.

Unlike many European countries, Canadian society at large has developed no consensus on goals for child care.

Encouraging Stakeholder Involvement

North American child care does not have a tradition of including voices other than those of experts in defining and improving quality in child care. Involving different stakeholders in this process requires:

- identifying who should be involved and at what stage;
- ensuring effective mechanisms for broad participation;
- planning to deal with conflicts of interest among different groups; and
- "balancing and blending" many different elements and perspectives related to quality.

Internationally, countries have used different strategies to encourage meaningful stakeholder involvement. Some strategies have worked better than others. The region of Reggio Emilia in Italy is often cited as an exemplary story of public participation. In Reggio Emilia, the whole community (children, parents, early childhood educators, citizens and municipal politicians) is involved in setting goals for child care. Activities such as day-to-day interactions with parents, public discussions, special events and public display of children's art work reflect the value placed on community engagement in realizing quality child care. The report also discusses how other countries try to involve parents and community leaders.

These and other experiences point to a need to understand and address real barriers to meaningful involvement by parents and the broader community. In North America, such a dialogue would have to address the cultural value that has been placed on expert opinion. However, if there is a genuine desire for dialogue, recognizing the challenges is the first step in designing an effective process.

Documents

Doherty, G., Lero, D.S., Goelman, H., LaGrange, A., and Tougas, J. (1999) *You Bet I Care! A Canada-Wide Study on Wages, Working Conditions and Practices in Child Care Centres*. Guelph: Centre for Families Work and Well-Being

Doherty, G., Lero, D.S., Goelman, H., LaGrange, A., and Tougas, J. (1999) *You Bet I Care! Caring and Learning Environments: Quality in Child Care Centres Across Canada.* Guelph: Centre for Families Work and Well-Being

Doherty, G., Lero, D.S., Goelman, H., LaGrange, A., and Tougas, J. (1999) *You Bet I Care! Quality in Regulated Family Child Care Across Canada*. Guelph: Centre for Families Work and Well-Being

Length: Study One, 282 pages
Study Two, 185 pages
Study Three, 240 pages
Cost: $10.00 each (includes shipping and handling)

Source

Centre for Families Work and Well-Being University of Guelph
Guelph, ON

These three documents are posted on the website of the Centre for Families Work and Well-Being at www.uoguelph.ca/cfww.

Background

The *You Bet I Care!* project involves three studies. Study one focused on wages, working conditions and practices in child care centres. The second and third studies involved collecting similar information on remuneration, working conditions and practices plus on-site observations in centres and family child care homes, respectively. The centre samples in study one and study two differed.

Study one, *You Bet I Care! A Canada-Wide Study on Wages, Working Conditions and Practices in Child Care Centres,* is a repeat of the 1991 Canada-wide *Caring for a Living* survey with some additional questions. Study One of the *You Bet I Care!* project did not compare the same centres in 1991 and 1998. Comparisons between the findings of the two studies reflect both changes in the field and the different samples.

Study one information was collected between June and August 1998 through three mail-out questionnaires sent to centres that provide full-day service for children up to six years, seeking information from centres on:

- staff wages and benefits, children enrolled, services provided and sources of revenue;
- personal information and opinion from centre directors; and
- personal information and opinion from teaching staff.

The report is based on information returned in 848 centre questionnaires and 4,154 staff questionnaires. All provinces and territories participated. Responses were received from non-profit and commercial centres as well as centres operated by municipalities. Responses to most questions varied widely from region to region.

Studies Two and Three were companion studies. Study Two examined child care centres and Study Three examined family child care homes. Both studies:

- identified the nature of the interaction between adult and children and the overall quality of the setting in the centre or home;
- used information from the sample as a whole to identify what variables predict the level of quality in a given home or centre; and
- made recommendations to the federal, provincial and territorial governments.

Study One Report

Overview

The first report, *You Bet I Care! A Canada-Wide Study on Wages, Working Conditions and Practices in Child Care Centres*, describes wages, working conditions, centre practices, educational and experiential backgrounds of directors and teaching staff, and staff turnover rates. A profile of child care centres describes sources of revenue, children served, hours of operation, and expenditure patterns.

Respondents chose from the following definitions to describe their position:

- **Assistant teacher:** works with children under the direction of another teacher, a supervisor or the director;
- **Teacher:** has primary responsibility for a group of children and may have supervisory responsibilities for assistant teachers; and
- **Supervisor:** has primary responsibility for a group of children and supervisory responsibility for teachers.

Centre Teaching Staff Education and Professional Development

- Research has consistently shown a positive relationship between the type and level of staff education and program quality in centre-based care. Respondents to the 1998 survey reported increased levels of training specific to ECCE compared to those responding to the 1991 *Caring for a Living* study.

- Higher proportions of better-educated staff were found in jurisdictions with stricter training requirements. The accessibility and affordability of ECCE training also appears to influence the level of academic qualifications of staff within jurisdictions.
- Most teaching staff reported participating in at least one professional development activity in the previous year although fewer reported participating in a professional development activity in the 1998 study than in 1991.
- Close to 50% of teachers reported that they had responsibility for practicum students.
- Over 70% of the centres responding had at least one child with special needs.

Centre Directors

- The director's educational and experiential background is associated with the quality of the centre. In 1998, about 3/4 of all directors reported that they had a two-year ECCE or higher credential, which represents a significant improvement since 1991. Directors tend to have many years of experience in the field.
- Being the director of a child care centre involves allocating resources, monitoring budgets, managing personnel and administering programs, yet only 27.7% of people in the director role had some formal training in business administration or program management.
- 88.5% of directors reported participating in some form of professional development in the preceding 12 months and 15.7% were taking credit courses that would lead to a more advanced credential. Cost, being busy and inability to get release time were major reasons for not participating.
- More than half of directors had direct responsibility for the care and education of a group of children.
- Directors reported positive feelings about a number of aspects of their work and the majority gain a sense of accomplishment from their work. However, many feel that they lack adequate support. .
- Directors reported high levels of stress. Reasons included too little time, feeling physically exhausted and feeling emotionally drained. About one in every eight directors expects she will not be at her current centre in one year's time.

Working Conditions, Wages and Benefits

- The national mean scheduled hours of work per week reported by teachers was 37.5 hours. Teachers reported an average of 5 hours a week of unpaid work.
- The average gross hourly wage of teachers ranged from $6.76 to $13.48.
- Across Canada in 1998, average salaries of child care teachers were less than salaries for positions with similar or less responsibility and requiring similar or less formal preparation — little more than parking lot attendants.

- More teachers received some benefits affecting their daily working conditions in 1998 than in 1991. Higher percentages received compensation for overtime and for staff or parent meetings held after hours. Seventy percent had some financial assistance available for professional development activities. More had written job descriptions and were paid for preparation time.
- In 1998, a slightly higher percentage of teachers received some of the benefits that provide a measure of longer-term security than in 1991 but only 25% had a retirement/pension plan.
- The need for a decent salary and working conditions is not generally being met across Canada. This is a cause for serious concern because salary levels and working conditions influence how teachers behave with children.

Child Care as Career

- How teaching staff feel about child care as a career directly influences how they respond to children and their likelihood of remaining in the child care field.
- Almost all teaching staff and directors viewed "the nature of the work" as one of the three most positive aspects of the child care field.
- "Pay and promotion opportunities" and "lack of respect" were most often identified as two of the three most negative aspects of child care by both teaching staff and directors. The third most reported negative aspect was "working conditions."
- Over 70% of respondents perceived no opportunity for promotion and career advancement within their current centre, or in the child care field as a whole. About 3/4 of assistant teachers, teachers and supervisors thought they would have to leave child care in order to earn more money or achieve a higher status position.
- About half of teachers and directors felt that lack of respect was a major negative aspect of child care work. A majority felt their work was respected by other child care professionals, their own families, the families of the children who attend the centre, and their personal friends.
- Only roughly 20% of staff felt respected by professionals in other fields, a marked decline from the 42% in the 1991 study. The proportion of staff who believed they are respected by society at large also fell, from 16.0% in 1991 to 8.2% in 1998. This drop between 1991 and 1998 coincides with an increase in overall educational levels of teaching staff. The combination of higher educational levels and lower perceived respect from society does not bode well for morale.
- The proportion of teaching staff who are unhappy with their career choice nearly doubled between 1991 and 1998. Over a third of teaching staff are dissatisfied with their career choice.
- Dissatisfaction with child care as a career is more prevalent among staff with the higher levels of education and among the more senior staff.

- While over 35% are not satisfied with their career choice, over three quarters of teaching staff said that they expected to be still working in child care in three years' time. Low wages was the most frequently given reason, followed by wanting a career change and burnout/stress.
- Those who are dissatisfied with their career choice but feel they have to stay in the field affects program quality. There is an association between job dissatisfaction, and restrictive and controlling behaviour with children.
- Over 70% of teaching staff and directors identified four items as things that "would help a lot" to make the child care field a more satisfying work environment:
  - a better salary;
  - more respect for people working in child care;
  - more support services to children with special needs or challenging behaviour; and
  - improved benefits.
- Current underfunding of child care has an impact on staff satisfaction and retention and thus on program quality.

Teaching Staff Turnover, Reasons for Leaving and Staff Vacancy Rates

- Nationally, 21.7% of all teaching staff had left their jobs in the previous 12 months, lower than the turnover rate of 26.0% in 1991. However, in 1998 a smaller proportion quit their centre voluntarily than in 1991.
- Canada-wide, the proportion of teaching staff who left the centre and the reasons for turnover varied with the position.
- Comparing commercial and non-profit centres, a higher proportion of staff in commercial centres quit voluntarily or were fired for poor performance, than in non-profit centres. A leave of absence was taken by a higher proportion of staff in the non-profit sector.
- The top three reasons why staff left voluntarily were another job, dissatisfaction with pay and stress respectively.
- The data suggest an association between the level of pay, unemployment levels and centre turnover rates in that position.
- Among staff who left to take another job, 38.3% went to another centre and 38.1% left the child care field. In five provinces, the highest proportion of people who went to a job outside the child care field were supervisors.
- High turnover rates in some provinces weakens continuity of care, undermines teamwork among staff and adds to directors' workloads as they have to frequently recruit and train new staff. The loss of experience when staff leave the child care field weakens the overall capacity of the child care system.

Centre Resources and Expenditures

- Overall, in 1998, the average centre obtained almost half of its cash revenue from parent fees, 30.5% from government fee subsidization and 17.5% from other government grants such as operating or salary enhancement grants. Actual proportions of revenue from each source varied considerably from jurisdiction to jurisdiction and between commercial and non-profit centres.
- Parent fees, government fee subsidies and government recurring grants exist in proportion to one another. When one source changes, there tends to be a change in the proportion of revenue coming from one or both of the other sources and different patterns of funding have different potential implications.
- The median Canada-wide fee charged for full-time infant care in 1998 was $531.00 per month, for toddler care it was $477 per month, and for preschoolers $455 a month.
- Slightly over half of centres reported receiving some kind of in-kind donation. These included free or subsidized rent, utilities, janitorial or maintenance services, administrative services, toys or equipment, supplies, food and consultation from university or college faculty.
- The average centre reported using 75.3% of its budget for wages, 8.9% for benefits, 10.0% for rent or mortgage and 5.6% for utilities.
- Wages as a proportion of expenditures increased nationally from 69.3% to 75.3% between 1991 and 1998. However, even when centres allocate a high proportion of their budget for wages, the current situation still results in poor pay and few benefits.

Enrolment Issues

- Directors identified financial issues, enrolment issues and staffing issues as the most pressing issues facing centres.
- Many centre expenses are fixed no matter what the revenue, so fluctuations in enrolments can be a serious problem.
- The vacancy rate is the number of vacant spaces in relationship to the total number of spaces in a centre. The average national vacancy rate (calculated using only centres with vacancies) was 17.3%. Vacancy rates at commercial centres were higher, overall, than those for non-profit centres.
- Provinces that rely heavily on parent fees for revenue have higher vacancy rates, which may contribute to the problem of retaining stable, high enrolment when parents cannot afford the fees.
- The three reasons most frequently cited for vacant spaces were cost (48.7%), reduced demand for centre-based care (48.0%) and increased market competition between centres (25.7%). Further, if qualified staff are not available (as required by regulation), centres may have to reduce enrolment.

Companion Studies, Two and Three — Quality in Child Care Centres Across Canada and Quality in Regulated Family Child Care Across Canada [L1]

Study Two & Study Three Reports

Overview

Study Two examined child care centres and Study Three examined family child care homes. Both studies:

- identified the nature of the interaction between adult and children and the overall quality of the setting in the centre or home;
- used information from the sample as a whole to identify what variables predict the level of quality in a given home or centre; and
- made recommendations to the federal and to the provincial/territorial governments.

Information was collected through a combination of self-administered questionnaires completed by centre staff and family child care providers followed by direct observation in respondents' classrooms or homes for three or more hours by a person with child care experience. Centre information was collected in 1998 while data from the homes was collected in 1999.

Main findings

1. Environments that protect the health and safety of the children with warm, supportive and concerned adults are the norm in both centres and family child care homes.

2. Across both centres and homes, the adults observed obtained high scores on a scale measuring sensitivity and responsiveness and low scores on scales measuring harshness or detachment. This indicated that undesirable behaviours were rare.

3. Nearly half the centre preschool rooms, over a third of the family child care homes and slightly more than a quarter of centre-based infant/toddler rooms were providing experiences that support and stimulate children's social, language and cognitive development.

4. In centres, providing adequate amounts of stimulating experiences was more likely when staff had two-years or more of specialized training in ECCE, received wages at the higher end of the range, and felt supported by their co-workers, and when the centre had favourable adult:child ratios and received subsidized rent and/or utilities (a factor which frees up revenue).

5. In home-based settings, providing adequate amounts of stimulating experiences was more likely when the provider had completed a formal family child care related course, was earning an income at the higher end of the range, had regular involvement with a mutual-support network of other providers, enjoyed her work and intended to continue providing family child care.

6. There was considerable variation in overall quality across the seven jurisdictions that participated in the study.

Implications

Quality in child care involves three dimensions:
- protecting the child's health and safety;
- providing warm, sensitive and responsive care; and
- providing activities that both support and stimulate children's development.

These studies found that *in the majority of settings children's health and safety is protected and the adults are warm and responsive.* In the vast majority of cases, a child in a regulated child care setting in Canada has his/her health and safety protected and is receiving warm, nurturant care. This level of care also provides a solid base upon which to build the third dimension of quality — offering activities that stimulate development. Because some settings do provide stimulating experiences, it shows it can be done. Specific factors in both centres and homes were identified that are required for the provision of this level of care.

Recommendations

The reports made six major recommendations that could improve the ability of centres and family child care programs to provide care that stimulates children's development:

1. to provide additional government funding so that centre staff and family child care providers can earn higher incomes and so that settings have funds to enhance programming materials and activities;

2. to require adults providing child care to have some specialized child care-related training and engage in on-going professional development, and governments and training institutions to ensure that such training is available and affordable;

3. to require governments to ensure that a variety of support services is available for family child care providers, including networking opportunities;

4. to urge centre directors, operators and boards of directors to recognize and address the personal and professional needs of their staff;

5. to make regulations for ratio and group size consistent with what those associated with high quality child care; and

6. to address the perception of people working in child care that they are not respected by increasing society's understanding of the importance of the early years and of the value of people who work with young children.

DOCUMENT

Dunster, L. (Project Manager) (1998) ***National Family Day Care Training Project: Synthesis Report.*** **Ottawa: Canadian Child Care Federation**

Length: 46 pages
Cost: Free of charge

Source

Canadian Child Care Federation
383 Parkdale Avenue, Suite 201
Ottawa ON K1Y 4R4

Tel: (613) 729-5289 or 1 800 858-1412
Fax: (613) 729-3159
Email: cccf@cfc-efc.ca

Background

This study was a collaboration among nine sponsoring agencies. Data was gathered during 1997 from:

- a national survey of organizations that offer training to family child care providers (258 surveys returned);
- 17 caregiver focus groups involving 145 caregivers and 28 parents who use family child care services;
- nine focus groups for trainers and agency staff involving 88 participants; and
- 37 key informants.

Issues

The report was prepared as a background document to inform discussions about a national framework for family child care training. It brought together existing information about caregiver training in Canada; identified gaps in training resources and programs; and recommended methods of delivery, core content and guiding principles for caregiver training.

Summary

Introduction

Family child care providers are the single largest group in Canada's child care delivery system. Some care providers operate within the regulated system, either contracted through an agency licensed by a provincial government or directly individually licensed. However, most family care during the day is provided outside regulated child care systems. Unregulated care providers may be under-represented in this study since they are difficult to contact.

Training in this study was defined as:

- "...any opportunity provided to caregivers to learn new skills or enhance existing skills, or to learn information that builds caregivers' competence, self-confidence, personal empowerment or network of support...
- ...an ongoing process of professional development or lifetime learning."

Training has been identified as a key indicator of quality in family child care provision. However, there have been few studies and there are many unanswered questions about the relationship between training and quality.

The Caregiver's Story

Both caregivers and parents felt that a special kind of relationship based on a mutual sense of trust and partnership between the caregiver and the family was important in family child care. Quality care is also important. Quality care includes a safe environment, good programming, nutritious food and a small group setting. It also includes an environment that promotes healthy emotional and social development.

The caregivers in the study had relatively little formal training, but many had participated in workshops. When asked what was most important in getting started, most emphasized informal learning experiences such as networking with other caregivers, support from family and friends, trial and error, and reading.

Caregivers identified a number of barriers to their participation in training, including availability, accessibility and lack of recognition of the provider's prior expeience and education. Accessibility was identified as the greatest barrier. Accessibility barriers mentioned included distance, convenient transportation, costs and caregivers' time.

While training is important to caregivers for many reasons, a key factor was the opportunity it provided to meet and talk with other caregivers. This helped to build a sense of connectedness and a feeling of some validation for their work.

The Content of Training and Learning Opportunities

Caregivers, parents and trainers had considerable consensus on the following three general topics as important to caregiver training:
- how to care for children (e.g. child development, programming);
- the parent–caregiver relationship (e.g. ability to communicate with parents); and
- caregiver work management (e.g. business management, caring for the caregiver).

The survey responses of training organizations indicated that the current content of formal certificate programs, other organized learning opportunities, and informal programs cover topics in all three areas. However, content related to caregiver work management is less likely to be offered than the other two.

Key insights on training and learning opportunities were summarized with the following principles:
- training should enhance quality of care;
- training should be responsive and relevant to individual, family and community needs; and
- organizations offering training should strive to balance standardization to meet core information needs with responsiveness to individuals and communities in their training.

Design and Delivery Issues

Future training as described by focus group participants should:
- be controlled by the individual caregiver;
- be flexible and available through multiple channels;
- recognize prior learning experience and be "laddered" with other training programs;
- be inclusive of caregivers with different cultural and linguistic backgrounds;
- encourage caregivers to participate in planning their professional development;
- be linked to network development and advocacy; and
- be linked to status and respect by society for the profession.

Thirty-nine of 258 respondents to the national survey of institutions and organizations providing family day care training reported offering a formal training program (leading to a college credit or certificate). The others offered less formal opportunities such as workshops/conferences, newsletters, written materials, home visits, play groups or networking opportunities.

A few examples were found of alternative formats, such as one-on-one training, distance education programs and cooperative learning modules. No formal mentoring programs were identified. Several participants identified increased collaboration between organizations offering caregiver training in their community, but saw a need for even more, including mechanisms to share resources and a stronger participation by governments.

Organizations providing training identified a number of challenges, including:

- lack of financial resources for both program development and delivery;
- difficulty in finding qualified speakers knowledgeable about family day care and suitable or adaptable resources; and
- motivating caregivers to participate in training opportunities. This factor was linked by some to the barriers of time, cost and accessibility. But others felt that other reasons such as caregiver attitudes toward their work and the low value society places on the work were responsible.

Guiding Principles

The report summarized the results of the study in 10 guiding principles as a framework to help those who develop future training. The principles go beyond guidelines for content and delivery strategies and attempt to articulate the purpose and meaning of caregiver training.

DOCUMENT

Kuhn, M. (1999) Professionalism and quality. In Canadian Child Care Federation (ed.), *Research Connections Canada: Supporting Children and Families (2)*, pp. 65–90. Ottawa: Canadian Child Care Federation

ISSN 1488-1160
Length: 175 pages (full document)
Cost: $25.00 (incl. tax & shipping)

Sources

Canadian Child Care Federation
383 Parkdale Avenue, Suite 201
Ottawa ON K1Y 4R4

Tel: (613) 729-5289 or 1 800 858-1412
Fax: (613) 729-3159
Email: cccf@cfc-efc.ca

Issues

This paper examines "professionalism" in the field of ECCE focussing on its association with quality. The discussion is based on interviews with 17 key informants with diverse experience in ECCE and draws on selected literature.

Summary

Professionalism and Quality

The definition of professionalism used in this discussion was: "...the ability to plan knowledgeably and competently to make a sustained difference: to diagnose and analyze situations, to select the most appropriate interventions, to apply them skillfully, and to describe why they were selected."

Although this definition describes the kinds of decisions made by ECCE practitioners every day, many are ambivalent about being called professionals. Further, the field of ECCE is often not recognized by others as a profession. Key informants suggested that some reservations about professionalization among those in the field are linked to their perceived negative associations of professionalism with an "expert" culture. These associations include impersonal expert–client relationships, hierarchical rather than collegial relationships, and restrictive entry into the field. A further concern was the contrast some practitioners experience between their status as reflected by their wages and limited authority, with that of other recognized professions.

Professions are maintained by a recognized legal and institutional infrastructure. ECCE has some of this infrastructure such as professionals associations and codes of ethics. However, other infrastructure and mechanisms tend to be either fragile or in a formative stage.

Many reasons are given for supporting professionalization of ECCE, including:

- providing greater visibility for ECCE work;
- developing shared meanings across the field, thus increasing capacity to share knowledge; and
- enhancing communication with parents and other professionals.

Themes from Key Informant Interviews

Key informants saw both challenges and opportunities to pursuing professionalization of ECCE in the current environment.

They identified current research affirming the importance of children's early experiences as both an opportunity and a challenge. It is an opportunity to enhance recognition of ECCE work. It is a challenge to ensure that practitioners feel comfortable communicating their knowledge and expertise.

All key informants commented on the challenges posed by current political and economic trends. These included reduced public spending, and the devolution and privatization of some government responsibilities without a corresponding transfer of resources.

Key informants also identified some conditions in the field as a challenge to professionalization. Several key informants observed low levels of energy and apathy among practitioners, although they were reluctant to attribute this to a single cause. Others commented on the divisions within ECCE, particularly those that come from focussing on the practice setting rather than the work itself. One key informant expressed concern that discussions of "professionalism" focus too much on individual practitioners and not enough on the role of a supportive infrastructure as a base for individual professional practice.

Becoming a Profession

Central to being a profession are the processes related to setting standards for professional practice and the mechanisms to maintain and monitor those standards. These processes involve consensus building among all stakeholders with an interest in the field.

The starting point for establishing standards of practice is a definition of the field, including:
- its specialized knowledge base;
- agreement on what it means to apply that knowledge base skillfully in practice; and
- ethical guidelines for determining the acceptability of a particular practice.

While there is considerable consensus related to the core knowledge base of ECCE, key informants agreed that more work needs to done to continuously incorporate new research. They also agreed on the need to develop a better blend of theoretical and practice-based knowledge. The knowledge base, in turn, needs to be linked more effectively with a career structure for practitioners.

Standards of practice are a key element in defining a profession. They are essential to design training and education programs and to assess the preparation and performance of practitioners. These, in turn, are central to quality. There was strong support among all key informants for continuing the work already under way in the field to develop practice standards. A statement of standards was seen as fundamental to any discussion, not only of professionalism, but perhaps more importantly, of quality. Such a statement is needed both for discussion within the sector and for communication with other stakeholders such as parents, governments and other professionals.

Infrastructure

Infrastructure includes both institutions such as professional associations, and a legal framework to determine how the standards of practice are set and maintained and how practitioners are held accountable.

One element of a professional infrastructure around which there is considerable debate is that of legislative recognition of ECCE as a profession. Such recognition does not exist in Canada, although associations in three provinces have initiated processes toward this end. Comments from key informants suggested that much of this debate is based less on whether this is a good idea in theory, than on the priority it should be given at this point in time. Those who are opposed to pursuing it now would prefer to focus more directly on issues seen as important by front-line practitioners, such as wages and working conditions, and access to training. They would also prefer to direct resources and energy to a much broader dialogue across the sector related to standards of practice.

Credentialling is another element of infrastructure. It is "a process that evaluates the extent to which an individual has both a core of theoretical knowledge (the why) and practice competency (the how)." The term is linked both to:
- licensing, which is generally associated with programs rather than individuals in ECCE; and
- certification, which is linked to formal recognition by a professional body. Certification is usually related to academic qualifications and may include a period of training in the field and requirements for ongoing professional development.

Regulations related to licensing vary considerably across provincial/territorial jurisdictions in Canada. In some jurisdictions, licensing is linked to the presence of staff with certain academic qualifications. The required academic preparation, including the length of the programs available, varies substantially in different jurisdictions. These wide discrepancies across the country are one of the many challenges to developing national standards or considering a national certification system.

Certification is not a legal requirement in any jurisdiction, although systems for voluntary certification exist in a few provinces.

Being able to ensure better accountability of the profession to the public is one argument for having a profession. One aspect of such accountability is a legal mandate for self-regulation. This is carried out by a professional body established to ensure ethical and competent practice among its members. While some groups see self-regulation as an important short-term goal in moving toward professionalization of ECCE, others do not. They see a risk in assuming this responsibility before governments make a financial commitment to support training and to ensure better levels of remuneration for ECCE practitioners. They point out that the extrinsic motivation for practitioners to improve their skills, such as career advancement and high wages, do not exist in ECCE as they do in other professions.

Reflections

Key informants identified both challenges and opportunities to pursuing professionalization at this point in time. Many of these are also important to defining and realizing quality in ECCE.

Challenges identified include:

- engaging the majority of practitioners in the processes needed to establish ECCE as a profession. The technical steps are clear, but they cannot work without the support and involvement of practitioners;
- winning public support for child care as a profession;
- resolving the differing priorities related to pursuing legislative recognition; and
- resolving divisions within the field in order to pursue an inclusive approach to recognition and acceptance of ECCE as an area of expertise, no matter what the practice setting.

Opportunities identified that support further action related to professionalization include:

- widespread acceptance of the importance of standards as a tool for dialogue and quality practice; and
- recognition of the importance of education and training to both quality and professionalism.

DOCUMENT

McCain, M.J. & Mustard, J.F. (Co-chairs) (1999) *Early Years Study: Final Report.* Toronto: Ontario Children's Secretariat

ISBN 07778-8953-6

Length: 210 pages
Cost: Free of charge

Source

Ontario Children's Secretariat
1075 Bay Street, Suite 601
Toronto ON M7A 1E9

Tel: (416) 325-0054
Fax: (416) 326-3793
Email: mcss-cmb@gov.on.ca

Also available on the Internet at: www.childsec.gov.on.ca

Background

This study was commissioned by the Government of Ontario. A reference group of 10 members worked with the co-chairs of the study to develop the report. They drew on the expertise of numerous scholars to build a synthesis of current knowledge about the early years of child development and their effects on learning, behaviour and health throughout life. The framework from this synthesis was then discussed in meetings in 13 communities and with a wide range of people and organizations across Ontario to determine implications for people, programs and communities.

Issues

The purpose of the study was to "provide options and recommendations with respect to the best ways of preparing all of Ontario's young children—including those at risk or with special needs—for scholastic, career and social success." In doing this, the study was asked to consider collaborative and partnership models with federal, provincial and municipal governments, school boards, communities and the private sector.

Summary

The following synthesis of a 210-page document includes a very brief summary of the content in each chapter and a selection of one or two conclusions from many in the original text. These were chosen based on their seeming relevance to those in the ECCE sector.

Neuroscience and Early Child Development

This chapter examines current understandings of child development from conception to age 6 and its impact on future learning, behaviour and health. It discusses:

- the interaction of nature and nurture in brain development;
- the extent of brain development in utero and in the first years of life;
- the effect of nutrition, care and nurturing on brain development;
- the relationship of early nurturing and human development; and
- the potential impact of negative experiences in the early years, including severe neglect.

The report concludes that "learning in the early years must be based on quality, developmentally attuned interactions with primary caregivers and opportunities for play-based problem solving with other children that stimulates brain development."

Socio-economic Change and Families and Children

This chapter documents current wide-ranging and complex socio-economic transitions. It discusses the levelling or decline of income among young families; increased participation of women in the labour force; changing patterns of work and pressures on families with children. It argues for a commitment by society (governments, employers, communities), as well as families, to raising the next generation.

The report concludes that a "competent" population is needed to cope with the changes happening and that to ensure this competence, child development must be a high priority.

How Well Are Ontario Children Doing?

The authors used samples of Ontario data from the National Longitudinal Survey of Children and Youth (NLSCY) and Statistics Canada to develop an overview of Ontario families and children. Some of the facts they establish include:

- "Ontario children in all socio-economic levels are not doing as well as children in the rest of Canada, based on vocabulary tests at age 4 and 5 and mathematics tests at age 6 to 11." Although the proportion of children not doing well is higher in the lower socio-economic levels, there are children in all socio-economic levels who do not do well. The proportion diminishes at higher levels on the socio-economic scale. This relationship is referred to as a gradient.

- Implications of the gradient include:
- the highest number of children not doing as well as they might is in the middle class, because proportionally this group is the largest group. For example, 30% of the children in the bottom 20% socio-economically are fewer in number than 25% of children in the next 20% socio-economically; and
- "programs of quality early child development and parenting must apply to all sectors of society if we wish to decrease the steepness of the socio-economic gradient."
- The NLSCY suggests that the "quality of parental interaction with children in the early years" is a key factor in child development. It also suggests that "children from families who are low on the socio-economic scale and who have access to early child development programs outside the family do better than children who do not."

The report concludes that Ontario should have "a province-wide monitoring system to tell us how our children are doing by school entry and at earlier stages where feasible." This is to monitor the population and should *not* to be used as an individual measure. It further concludes that Ontario's approach to early child development should be universally available and accessible to families. However, this is not equated with government-mandated and -funded programs.

The Mismatch Between Opportunity and Investment

This chapter reviews what is available to support early child development in Ontario from conception to age 6. Programs reviewed include kindergarten, child care, other family support and early childhood programs, early identification and intervention programs for families and children with special needs, and specialized services such as mental health and child protection. It compares the annual public expenditure of $2,800 on children up to age 6 with the approximately $7,250 spent on those 6 to 18. It also contrasts the fact that less than a third of the expenditures on early childhood are for programs that can be considered universal, whereas the bulk of the $7,250 is for universal programs.

The report reviews recent initiatives of the Ontario government in support of the early years, but concludes that there is no coherent system and that some excellent programs serve only a small number of families.

In conclusion, the report reiterates that programs should evolve to be available and accessible to all families. It further states that increased community and public and private investment in early child development and parenting will have a pay-off in the longer term "through a population with better competence and coping abilities for the new global economy."

Building on What Is Working in Communities

Site visits and discussion with several communities across Ontario lead the authors of the report to the following observations:

- communities are highly effective at integrating provincial and federal government programs and community resources;
- "day care and early child development is an important component families need";
- "a coherent and comprehensive approach to early child development and parenting programs at the provincial level is needed to support the development of centres at the local level";
- "a capacity to share information and promote public understanding of the early years story needs to be developed";
- "bringing business partners on-side may require some incentives"; and
- kindergarten programs should logically be part of an early child development and parenting program, but this link is not facilitated by existing institutions.

One conclusion based on this information was that proposed early child development and parenting centres must implement quality programs and be sensitive to:

- "cultural, ethnic, linguistic and community diversity;
- complex intergovernmental issues;
- making optimum use of existing resources; and
- standards and outcome measures set by government which are sensitive at the community level."

A Vision for an Early Child Development and Parenting Program

This chapter briefly recaps arguments of earlier chapters for investment in the early years. These arguments are grounded, on the one hand, in the demands of changing socio-economic circumstances in society, and, on the other, in research on early brain development and its impact on behaviour and learning throughout life. The chapter then outlines the elements of early child development and parenting centres and discusses the challenges of moving between a vision on the one hand and steps to implementation on the other.

Some of the principles suggested as a foundation for the early child development and parenting program include:

- centres that "are available, accessible, affordable and optional for all young children and families in Ontario";
- "early child development programs that are environments for children to engage in play-based, problem-solving learning with other children and adults"; "responsive relationships between adults...and children that increase the potential of play-based learning"; and
- links to local primary school and other institutions such as libraries, recreation and cultural activities.

Although the specific structure would be determined locally, the central components of the centres would be:

- early child development and parenting activities at the centre
- home visiting
- home-based satellites
- early problem identification and intervention

In moving toward implementation, the report recommends expansion and integration of current services and programs. It also calls for provincial government leadership in terms of developing a framework of understanding and a strategy to develop the capacity at the community level. The framework would include integration of legislation, common standards and the identification of appropriate funding mechanisms for centres.

The report also advocates for the necessity of other supportive components to enhance success of the centres, including:

- increased maternal and parental leave benefits;
- family-friendly workplaces that allow for some flexibility for parents;
- tax incentives that encourage public- and private-sector cost sharing for the development of the centres; and
- community-based information networks.

DOCUMENT

Morris, J. (1998) *Current Trends and Issues in Early Childhood Care and Education Training*. Ottawa: Canadian Child Care Federation

Length: 29 pages

Source

Canadian Child Care Federation
383 Parkdale Avenue, Suite 201
Ottawa ON K1Y 4R4

Tel: (613) 729-5289 or 1 800 858-1412
Fax: (613) 729-3159
Email: cccf@cfc-efc.ca

Background

Earlier papers, including *Issues in Post-secondary Education* (1991) and the *National Sector Study* (1998), and input from the project Steering Committee were used to identify current issues and trends related to education and training. Fourteen key informants across Canada were then interviewed and the issues confirmed.

Issues

The report examines current issues and trends related to early childhood care and education training as discussed by 14 key informants, using selected references to relevant literature.

Summary

The following issues have been identified and a summarized below.

Privatization

The delivery of ECCE training in privately owned institutions is increasing in British Columbia, Alberta and Newfoundland. Concerns related to these institutions include: general lack of admissions screening, high tuition costs, lack of accountability for effective delivery of high-quality education, diversion of federal training money and student loans, and reduction in public programs (Newfoundland).

Train the Trainer of Faculty

Faculty members need training in appropriate instructional strategies for adult learners. Some institutions provide support for faculty to develop instructional skills. Others are reducing their support as a result of financial constraints.

Accessibility and Alternative Delivery Models

Distance education helps to extend training to rural and remote communities and has the potential to meet the needs of adult learners for flexibility. There is concern that, in a context of financial cutbacks, the additional funding needed to ensure faculty time for supervised field practica and interactive learning may not be available. Home-study modules, teleconferencing, summer practica and videotaping are some methods used. Use of the Internet as a strategy for distance education is just beginning, and there is concern that this must be complemented by appropriate interactive learning experiences.

Prior Learning Assessment (PLA)

Assessment of learning acquired through work and life experiences is a current trend. PLA is particularly beneficial to mature students. While supported in theory, it does create additional workload and there has been mixed response among colleges.

Cost of Tuition

Cost of tuition has risen over the past four years and this is likely to continue over the next five years causing hardship for many students and acting as a barrier to potential students. Tuition in some northern communities has remained low as governments try to encourage greater participation.

Language Accessibility

Language is an issue both in terms of delivering the diploma program in languages other than English and in acceptance of students from various non-English speaking traditions into ECCE. Efforts have been made to offer programs in French outside Quebec, to use Inuit facilitators as co-teachers and incorporate Inuit language and culture in northern communities. British Columbia has developed family day care training in five other languages. The importance of working with children and families in the families' home language is recognized. However, meeting language needs with limited resources and often with limited numbers in one location is a challenge

Mentoring

The study identified significant interest in mentoring and key informants felt it would be a trend in the next 5 to 10 years, although it is not prevalent at the moment. To support this, a specific mentor preparation program would be helpful.

Admissions Policies

Admissions policies are a "serious, ongoing issue." Colleges are concerned that students should have the personal and social characteristics essential to working with young children. In principle, colleges operate on a first come-first serve admissions policy based on academic qualifications. In practice, many process candidates through personal interviews, orientation sessions and review volunteer experiences in a way considered supportive to students in making their own decision.

Practicum Issues

- There is difficulty finding appropriate placements across the country. Reasons include language, finding centres with qualified staff and finding centres whose practices are congruent with the practices being taught.
- Most colleges are satisfied with the practicum hours, although they vary among institutions. There is no consistent trend in terms of how hours are arranged.
- Supervision of practica presents a number of challenges and needs further discussion and research. It is an important but complex part of the preparation program. Cutbacks in some institutions have meant reduced hours or less-qualified staff assigned to supervise practica. Faculty are interested in guidelines outlining the desired outcomes of practicum experiences and information on various strategies.

Class Size

There was little concern about class size, although in some programs recruitment of enough students is a concern.

Curriculum Balance

- Theory/practice: Achieving a balance between the time students spend in class and the time the spend in practicum can be a challenge, particularly in the one-year programs. However, there is strong agreement that a solid theoretical foundation is important and that students need continuous opportunities for application.
- Diversity/regionalism: There is strong support for the need to ensure an anti-bias approach in ECCE and this is an ongoing issue. Most colleges have extended the concept of anti-bias to an equality approach that deals with sensitivity to discrimination in many areas—race, ethnicity, sex, language, socio-economic background, religion or disabilities. In regions dominated by a particular culture, teaching students to deal with ethnic/racial diversity can be difficult. Even with existing programs, many students continue to find it difficult to accommodate families from different backgrounds.
- Breadth/depth of topics covered in curriculum.

- Coring/specialist/generalist. While all colleges view their programs as specialized training in ECCE, several have started combining ECCE students with students in other human services programs (coring) in some courses. The main concern for faculty is one of maintaining the intensity of the ECCE program with the time available.

Articulation

Transfer of credits from ECCE college programs into university programs is a major trend and issue in Canada, although practices vary considerably.

Qualifications for Kindergartens and School-age Programs

Although ECCE training is seen as a benefit to those teaching kindergarten, qualifications for teaching in schools are set by the school system and generally require a university degree in education. ECCE faculty indicated that graduates are not generally adequately prepared to work in school-age care. This is generally dealt with through post-diploma courses.

Certification and Accreditation

Portability of credentials across provinces and territories was seen as a high priority issue. Key informants recommended that this be based on broad categories of core content, not on a course-by-course basis. The issue of individual certification has many dilemmas and is a cause for concern. The provinces and territories control this issue and there is no consistent model across the country. Certification is generally closely associated with accreditation of training programs. In Canadian ECCE programs, no mechanisms exist for this at the moment. There is support for a national dialogue on these issues, since all have implications beyond provincial/territorial borders.

The impact of financial constraints was identified as an overriding issue for the next five to 10 years. It has had an impact in direct program cuts, reductions in faculty positions and erosion of the curriculum.

The report also recommended research in a number of areas to illuminate options related to trends and a national symposium to facilitate discussion on many curriculum topics.

DOCUMENT

Taylor, A.R., Dunster, L. and Pollard, J. (1998) ...And This Helps Me How?: Family Child Care Providers Discuss Training. *Early Childhood Research Quarterly*. vol. 14, no. 3, pp. 285-312, New York: National Association for the Education of Young Children.

Length: 27 pages

Source

Canadian Child Care Federation
383 Parkdale Avenue, Suite 201
Ottawa ON K1Y 4R4

Tel: (613) 729-5289 or 1 800 858-1412
Fax: (613) 729-3159
Email: cccf@cfc-efc.ca

Background

This report is based on information from two sources.

- A collaborative research effort of nine Canadian sponsoring agencies. This initiative gathered data during 1997 from:
  - a national survey of organizations that offer training to family day care providers (258 surveys returned);
  - 17 caregiver focus groups involving 145 caregivers and 28 parents who use family day care services;
  - nine focus groups for trainers and agency staff involving 88 participants; and
  - 37 key informants.
- A national symposium of approximately 60 Canadian participants to examine and discuss the findings of the research as documented in a preliminary synthesis report.

There was significant involvement of family caregivers in all aspects of the study.

Issues

This paper describes current Canadian practice with respect to various forms of training for family child care providers. It also helps to deepen understanding of what caregivers, parents and other stakeholders see as the key training issues.

Summary

Who Are Family Child Care Providers?

Family child care providers are "the largest single group in Canada's child care delivery system." About 95% of them are unregulated. Over 98% are women, and over 80% are also caring for children of their own. They work long days with an average annual net income of about $1,600 per child in care. They are classified as self-employed.

Quality Debates

A definition of quality care is central in determining appropriate training. However, there are strong debates about what constitutes "quality" in family child care. These debates tend to contrast the ideology of professional caregiving with the ideology of motherhood.

Professional, or "expert," perspectives on quality tend to emphasize the concrete and quantifiable, such as the provider's level of ECCE training. These measures have been used to suggest that family child care is less than "professional," and by implication of lower quality than centre-based care. Some also suggest that identifying family child care with the ideology of motherhood is a barrier to enhancing quality. The argument is that caregivers who identify predominantly with their own parenting practice are less open to other influences (e.g. training). Others suggest that this is an unfair caricature of the "ideology of motherhood." They argue that parents "seek child care providers who share their own understandings of quality." This shared vision is one key to successful family child care.

Implications of Quality Debates for Training

The framework for effective training, as understood by the "professional" model, is a system of substantial, standardized work leading to some form of certification. However, for those who want to incorporate the more nurturant roles into their definition of quality, training is linked to a process of individual and collective caregiver empowerment. Both groups would agree that action on training is needed in the continuing development of the field.

Challenges to Developing Training Programs

In addition to debates over quality, several other factors have hindered the development of family caregiver training programs. These include:

- lack of research on training, or inconclusive research findings on its benefits, particularly the long-term implications for children and the impact on relations with parents;
- the fact that instruments used to measure quality are generally based on "professional"
- efinitions of quality and may not be appropriate for family day care;few evaluation studies of existing training programs;

- poor attendance at training programs (whether this is lack of interest or access barriers is not clear); and
- dissatisfaction of participants with the relevance of learning opportunities to their work.

Barriers to Training

Three broad areas identified by caregivers as barriers to their participation in training were: availability, accessibility and recognition.

Availability

There are relatively few training opportunities specifically for family caregivers provided through community colleges. Training provided through other organizations is often open only to regulated family caregivers. Only Ontario and British Columbia have made significant efforts to reach non-regulated caregivers.

Accessibility

Access issues were identified as one reason for frequent low turn-out rates for existing programs. Issues identified that contributed to limited access were:

- **Inaccessible locations:** Many caregivers do not drive or have access to a car.
- **Lack of advertising:** Many service providers have inadequate resources to promote their programs;
- **Cost:** Caregivers tend to be low-income earners and their participation in training is unlikely to increase their earnings. Organizations offering training often have limited funding and must recoup some of the costs through participant fees.
- **Lack of time:** This was the issue most often mentioned by caregivers.

Recognition

Issues identified in relation to recognition included:

- **Lack of recognition for their prior experience and education:** Much training is not part of a formal program. Informal training is not documented or recognized in a substantive way.
- **Prevailing attitudes:** Caregivers expressed their "frustration at prevailing attitudes regarding child care generally and family child care specifically." Society-at-large and the media were seen as not respectful of their work as "real work."
- **Attitudes within the sector:** Caregivers sometimes felt a lack of support or patronizing attitudes from those who were trained and worked in the regulated sector and from trainers and program staff.

Motivations to Seek Training

Caregivers had many goals in participating in training events. These included improving quality of their care, raising their credibility, solving a particular problem, or simply love of learning. However, they also wanted to see "better returns on their investment of money, time and energy."

Connecting with other caregivers was a strong reason for participation in training. These connections were valued as an opportunity to trade strategies related to their work. They were equally important as opportunities to feel a sense of validation for their work.

Content of Training

Caregivers had mixed reactions regarding the suitability of college ECCE programs for family child care. Some found them acceptable. Others felt they were biased in favour of centre-based care and omitted content needed by home-based caregivers. Much of the information identified as important is the same. However, the family child care community would like:

- to see more content specific to their work, especially in the areas of relationships with parents and running a family child care business;
- theoretical content to be illustrated in ways that are relevant to the context of their work. Descriptions of how information might be used in real-life settings and examples and questions related to the context of home-based child care are important;
- competent, qualified trainers with family child care experience; and
- recognition that "training opportunities are valuable as vehicles for caregivers to work together toward strengthening professional identity and collective advocacy."

Caregivers' Perspectives on Quality

Participants in this study saw the caregiver's job as "complex and multifaceted." The most frequent answer to what families needed from them was "love, warmth and caring." Many parents expect a home-like setting and see family child care functioning like an extended family. "These special relationships are central to the identity of many caregivers."

However, quality was not defined only in terms of this special relationship. Caregivers also felt responsible to provide care that included a safe environment, a good program, nutritious food, and effective management of small groups, often in a multi-age context. An environment that was responsive to children's individual needs and provided many opportunities for positive development were also important. Clear communication with parents and sometimes providing them with information, referrals and support were also seen as a part of their role.

Implications

- The relationship between "core content" and meaningful training appears to be complex. There needs to be a stronger synthesis of theory and practice. Learning modules built around problem solving for real-life caregiving scenarios may be one way to promote this synthesis.
- Caregivers face substantial barriers in accessing training. Both the practical barriers of time, location and cost, and the less tangible barriers of making the training attractive enough to overcome these barriers, need to be addressed.
- Learners who understand the context of care need to be engaged in all aspects of the learning process.

Notes

CANADIAN CHILD CARE FEDERATION
30 Rosemont Ave., Suite 100
Ottawa, Ontario
K1Y 1P4
Telephone: (613) 729-5289 or 1 800 858-1412
Fax (613) 729-3159
E-mail: cccf@sympatico.ca

U.S. Department of Education
Office of Educational Research and Improvement (OERI)
National Library of Education (NLE)
Educational Resources Information Center (ERIC)

ERIC
Educational Resources Information Center

NOTICE

Reproduction Basis

☒ This document is covered by a signed "Reproduction Release (Blanket)" form (on file within the ERIC system), encompassing all or classes of documents from its source organization and, therefore, does not require a "Specific Document" Release form.

☐ This document is Federally-funded, or carries its own permission to reproduce, or is otherwise in the public domain and, therefore, may be reproduced by ERIC without a signed Reproduction Release form (either "Specific Document" or "Blanket").

EFF-089 (1/2003)

PS031145